FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* KROCHUK TIMOTHY A							2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN]									cable) or	g Person(s) to Is		
	CAPITAL	rst) (3. Date of Earliest Transaction (Month/Day/Year) 09/30/2017									Officer below)	(give title		Other (s below)	pecify		
ONE LIBERTY SQUARE, 11TH FLOOR (Street) BOSTON MA 02109					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)															1 01001	•			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution I			3. Transaction Code (Instr. 8) 4. Secur Dispose 5)		rities Acquired (A) or d Of (D) (Instr. 3, 4 ar		or I and	5. Amou Securitie Benefici Owned F Reporter	es For ially (D) Following (I) (: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) (D)	Pr	ice	Transact (Instr. 3	ction(s)			(11.501.4)			
Common	Stock												0		D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	Code (Inst		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S (I	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	Code	v	(A)		Date Exercisable		piration tte	Title	Amo or Num of Shar	ber					
Stock Options (right to	\$1.4536	09/30/2017			A		3,440	(09/30/2017	09	/30/2027	Common Stock	3,44	40	\$0	3,440		D	

Explanation of Responses:

/s/ Timothy A. Krochuk

10/06/2017

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.