FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	JVAL				
OMB Number:	3235-0287				
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hours per response:	0.5				
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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* <u>Koenigsberger Ricardo</u>						2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN]									elationship ck all appli Directo	cable)	ng Person(s) to Issuer		
(Last)	(Fi	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2013										Officer below)	(give title		Other (s below)	pecify
(Street) WILTON			06897		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)											<u> </u>					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/I				action		2A. Deemo Execution if any (Month/Da	ed Date	3. Transa Code (ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amou Securitie Beneficia	nt of es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount (A) or (D)		Price	Transact	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock		0 D					D											
		7	Гаble II - I (uired, D , option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution D if any (Month/Day/	Date, T	4. Transaction Code (Instr. 8)				6. Date Ex Expiration (Month/Da	Date	of Sec Under Deriva		Title and Amount Securities Iderlying Privative Security Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	0 N 0	lumber					
Stock Option (right to buy)	\$0.318	09/30/2013			A		15,723		12/30/201	3 0	9/30/2023	Comn		5,723	\$0	15,72	3	D	
Stock Option (right to buy)	\$0.27	12/31/2013			A		92,593		03/31/201	4 1	2/31/2023	Comn		2,593	\$0	92,59	3	D	

Explanation of Responses:

/s/ Ricardo Koenigsberger

02/19/2014

** 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.