FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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hours per response:	0.5							

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

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1. Name and Address of Reporting Person* ENGLE J MELVILLE							2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ENGLE J MELVILLE															Directo	or		10% Ov	vner		
(Last)	Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/30/2017									(give title		Other (s below)	specify		
4152 CASPER WAY																					
							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)																Line) X Form filed by One Reporting Person					
NAPA CA 94558																Form filed by One Reporting Person					
					.										Perso	n filed by More than One Reporting on					
(City) (State) (Zip)																					
		Tab	le I - Nor	n-Deriv	ative	Se	curities	s Acq	uired, I	Disp	osed o	of, or B	enef	iciall	y Owne	d					
1. Title of Security (Instr. 3) 2. Transac							ed	4. Securities Acquire										7. Nature			
				Date (Month/Day/Year)		ar)	Execution Date, if any (Month/Day/Year		Code (Instr. 5		Dispose 5)	isposed Of (D) (Instr. 3,				ially (D Following (I)		orm: Direct) or Indirect (Instr. 4)	of Indirect Beneficial Ownership		
									Code	v	Amount	t (A) or (D)		Price	Transac	Reported Transaction(s)			(Instr. 4)		
							Jour		Amount	(D)	<u> </u>	1100	(Instr. 3	3 and 4)							
Common	Stock													0		D					
		7	able II - I	Deriva	tive S	Seci	urities	Acqu	ired, Di	spo	sed of	, or Be	nefic	ially	Owned						
				(e.g., p	uts, o	call	s, warr	ants,	option	s, c	onverti	ble sec	uriti	es)							
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deeme		4. Transaction Code (Instr. 8)		5. Num		6. Date Exercisable and			7. Title and			8. Price of	9. Numbe		10.	Beneficial Ownership ct (Instr. 4)		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security		Execution E if any (Month/Day						Expiration I Month/Day		Under Deriva		urities erlying rative Security r. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	s Ily I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Co	Code	v	(A)		Date Exercisable		opiration	Title	or Nui of	mber ares							
Stock Options (right to	\$1.47	06/30/2017			A		3,402		06/30/2017	06	6/30/2027	Common	3,	402	\$0	3,402	2	D			

Explanation of Responses:

/s/ J. Melville Engle

07/11/2017

** 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.