FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
houre per recognese:	0.5								

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* Reding Andrew P.					2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN]									elationship ock all applic	cable)	g Pers	son(s) to Iss 10% Ov		
(Last) (First) (Middle) 2915 COMMERS DRIVE, SUITE 900 C/O SKYLINE MEDICAL INC.				03/	3. Date of Earliest Transaction (Month/Day/Year) 03/31/2014 4. If Amendment, Date of Original Filed (Month/Day/Year)									below)	Officer (give title below)		Other (s below)		
(Street) EAGAN MN 55121					II Americinent, Date of Original Filed (World/Day/Teal)								Line				orting Perso	rson	
(City)	(S	tate)	(Zip)																
		Tab	le I - Nor	n-Deriv	ative	e Se	curities	s Acq	uired, [Disp	osed o	f, or B	ene	ficiall	y Owned				
			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp Code (Instr. 5)		Disposed	ırities Acquired (A) o ed Of (D) (Instr. 3, 4			5. Amou Securitie Beneficia Owned F Reported	es For ally (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	or	Price	Transact (Instr. 3 a	tion(s)			(1130.4)	
Common	Stock, \$.01	par value													98,506			D	
		-	Table II -				urities /								Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 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)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	O N	umber					
Stock Option (right to	\$0.185	03/31/2014			A		27,027		06/30/2014	0	3/31/2024	Commo Stock		7,027	\$0	27,02	7	D	

Explanation of Responses:

/s/ Andrew P. Reding

05/22/2014

** 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.