FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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								
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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*  MANCUSO FRANK G /FA/						2. Issuer Name <b>and</b> Ticker or Trading Symbol Skyline Medical Inc. [ SKLN ]									elationship o eck all applio Directo	able)	g Pers	son(s) to Iss 10% Ov	
(Last) (First) (Middle) 2915 COMMERS DRIVE, SUITE 900 C/O SKYLINE MEDICAL INC.  (Street) EAGAN MN 55121				03,	/31/2			`				below)	,		Other (s below)				
					- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	) K Form fi Form fi	vidual or Joint/Group Filing (Check A Form filed by One Reporting Per Form filed by More than One Rep Person			son
(City)	(S	•	(Zip)																
			le I - Nor						1	Disp									
Da			Date			2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 an			5. Amour Securitie Beneficia Owned F Reported	es Fo ally (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									v	Amount	(A) (D)	or	Price	Transact (Instr. 3 a	tion(s)			(111501.4)	
Common Stock, \$.01 par value														100,000			D		
		-	Table II -				urities <i>i</i> s, warra								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 (In				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 (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	O N	lumber					
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/ Frank G. Mancuso

04/07/2014

\*\* 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.