## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
notruction 1/h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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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

Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol Skyline Medical Inc. [ SKLN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Kornberg Joshua				===	2									C Direction	ctor		X 10% (	Owner			
(Last)	(F	rst) (	Middle)		3. D	Date of Earliest Transaction (Month/Day/Year)									Offic below	er (give title w)		Other below	(specify )		
1 GRAND ARMY PLAZA					09/	09/12/2013									CEO and President						
#9F																					
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)  BROOKI	LYN N	<b>∨</b> 1	1238												X Form filed by One Reporting Person						
	LIIN IN		.1230													Form filed by More than One Reporting					
(City)	(S	ate) (	Zip)												Pers	OH					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution Date,		Oate,	3. Transaction Code (Instr. 8)  4. Securities Acquired (/ Disposed Of (D) (Instr. 3					5. Amor Securiti Benefic Owned Reporte	ies For ially (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D) Pri		Price	Transac	nsaction(s) tr. 3 and 4)			(11150.4)		
Common Stock, par value \$0.01 per share 09/12/20				.013	013			С		71,083,929 A		A	(1)	71,083,929			T I	See Footnote <sup>(2)</sup>			
	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. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		D S (I	Price of erivative ecurity nstr. 5)	tive derivative ty Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber										

## **Explanation of Responses:**

1. On September 12, 2013, SOK Partners LLC ("SOK") gave notice to the Issuer of the conversion of the aggregate outstanding principal and interest of \$680,444.22 under the Convertible Promissory Grid Note, dated March 28, 2012, made by the Issuer in favor of SOK (the "Grid Note"), into 71,083,929 shares of the Issuer's common stock, par value \$0.01 per share, reflecting a conversion rate of \$0.014 per share as provided in the Grid Note, as amended.

2. Atlantic Partners Alliance LLC is the sole member of SOK. Mr. Kornberg is one of the members of Atlantic Partners Alliance LLC and may therefore be deemed to be the beneficial holder of securities of the Issuer held by SOK.

<u>/s/ Joshua Kornberg</u> <u>09/16/2013</u>

\*\* 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.