## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 <sup>*</sup> ENGLE J MELVILLE						2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN]									iip of F plicab ctor	,		,		
(Last)	``	rst) (		3. Date of Earliest Transaction (Month/Day/Year) 06/22/2017										Officer (give title below)			ther (s elow)	pecify		
4152 CASPER WAY						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NAPA														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Si	tate) (	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,						ities Acqu d Of (D) (I		Secu Bene Own	ficially ed	y (C	Owners orm: Dir ) or direct (I	ect c E	. Nature of Indirect Seneficial Ownership		
										v	Amount	(A) c (D)	Price	Repo Tran	Following Reported Transaction(s (Instr. 3 and		nstr. 4)	(	nstr. 4)	
Common Stock																D				
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)	Execution Date, if any ( (Month/Day/Year)		4. Transaction Code (Instr. 8)		on of		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 Derivat Securit (Instr. 5	ve Se / Be / Dv Fo Re Tr	Number of erivative ecurities eneficially wned ollowing eported ransaction nstr. 4)	Own Forr Dire or li (l) (l 4)	ct (D) Idirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares							
Stock Options (right to buy)	\$1.47	06/22/2017			A		125,000		06/22/201	7	06/22/2027	Common Stock	125,000	\$0		125,000		D		

Explanation of Responses:

## /s/ J. Melville Engle

\*\* Signature of Reporting Person Date

06/26/2017

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.