FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

| JOHNSON DAVID O. | | | 2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN] | | tionship of Reporting Person(s) to Issuer all applicable) | | | |
|------------------|---------|-------|---|-------|--|---|--|--|
| | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/22/2017 | x | Director Officer (give title below) Chief Operatin | 10% Owner Other (specify below) ng Officer | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | ividual or Joint/Group Filing (Check Applicable | | | |
| EAGAN | MN | 55121 | | X | Form filed by One Re Form filed by More th Person | 1 0 | | |
| (City) | (State) | (Zip) | erivative Securities Acquired, Disposed of, or Bene | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transac Code (Ir 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned | Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---------------------------------|---|---|---------------|-------|---|--|---|
| | | | Code | v | Amount | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | (Instr. 4) |
| Common Stock | | | | | | | | 876(2) | D ⁽¹⁾ | |

| 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) | ecution Date, ny Code (Instr. Derivati | | ve es d | 6. Date Exer Expiration D (Month/Day/ | 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) | 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 | Amount or Number of Shares | | | | |
| Stock Options | 61.47 | 0(/22/2017 | | | | 220,422 | | | 0(/22/2027 | Common | 220 422 | ¢0 | 220, 422 | D | |

(3)

Explanation of Responses:

(right to

buy)

1. 8 shares held jointly with spouse.

\$1.47

2. Share ownership totals have been adjusted to reflect a 1 for 25 reverse stock split effected by the issuer on October 27, 2016.

3. 154,422 shares vest immediately. The remainder, 166,000 shares, vests quarterly beginning on 1/1/2018 through 10/1/2019.

/s/ David O. Johnson

Stock

06/22/2027

** Signature of Reporting Person Date

320,422

\$<mark>0</mark>

320,422

06/26/2017

D

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).

06/22/2017

** 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.

320,422