FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burde	en							
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).

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* <u>Kornberg Joshua</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol Skyline Medical Inc. [ SKLN ]									ationship o all applic Directo	able)	g Pers	on(s) to Issu			
(Last) (First) (Middle) 1 GRAND ARMY PLAZA #9F				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2014								X	X Officer (give title below) Other (specify below)  CEO and President						
(Street)	LYN N	Y	11217		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Indiv ne) X	X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S		(Zip)												Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		3. 4. Securities Acquired (Disposed Of (D) (Instr. 5) 8)			4 and Secu Bene Owne		s ally ollowing	Form	: Direct   C r Indirect   E str. 4)   C	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	,	Amount	(A) or (D)	Price	ice Reported Transact (Instr. 3 a		ion(s)			(1130.4)		
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 Da if any (Month/Day/Y	ate, Tr	Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)		Date Exercisable		xpiration ate	Title	Amour or Number of Shares	r					
Non- qualified Stock Options	\$0.11	10/01/2014			A		45,455		10/01/2014	10	0/01/2024	Common Stock, par value \$0.01 per share	45,45	5	(1)	22,985,7	709	D	

## **Explanation of Responses:**

1. The grant of non-qualified stock options to Mr. Kornberg was made pursuant to a Stock Option Award Grant made under the Issuer's 2012 Stock Incentive Plan.

/s/ Joshua Kornberg

10/02/2014

\*\* 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.