FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden
hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

			01 0001	1011 30(11) 01		Stricit Company Act of 13	7-10			
Schwartz Carl I.			. Date of Event Requiring Stater Month/Day/Yea 13/24/2016	ment	3. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [ SKLN ]					
(Last) (First) (Middle) 3750 LAS VEGAS BLVD. SOUTH						tionship of Reporting Perso all applicable) Director	on(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)	
APT. 4303						Officer (give title below)	Other (spe below)		ndividual or Join plicable Line)	t/Group Filing (Check
(Street) LAS VEGAS	NV	89158								y One Reporting Person y More than One erson
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				Nature of Indirect Beneficial Ownership Instr. 5)	
Common Stock					1,654,312		D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi			4. Conversio or Exercis	Form:	(Instr. 5)
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	
Warrant			(1)	03/12/2018		Common Stock	56,381	3.75	D	
Stock Options	(right to buy)		(1)	07/19/2023		Common Stock	1,778	11.25	D	
Stock Options	(right to buy)		(1)	06/30/2025		Common Stock	6,452	3.1	D	
Stock Options	(right to buy)		(1)	06/30/2025		Common Stock	6,452	3.1	D	

## Explanation of Responses:

1. Currently exercisable.

/s/ Carl I. Schwartz, DDS

\*\* Signature of Reporting Person

03/29/2016

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).