Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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*     Schwartz Carl I.						2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [ SKLN ]								eck all applic	or		10% Ov	ner	
(Last) (First) (Middle) 3750 LAS VEGAS BLVD. SOUTH APT. 4303						Date 0 /10/2		Trans	saction (I	/Jonth	/Day/Year)			helow)	(give title	utive	Other (s below) Officer	pecify	
(Street) LAS VEGAS NV 89158  (City) (State) (Zip)					-   4. I -	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(0.1.5)			ole I - Nor	n-Deri	vativ	e Se	curities	 . Δ c	auired	Die	snosed o	of or Re	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Trai				2. Tran Date	Transaction ate		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Secur n Dispose	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		5. Amou Securitie Beneficie Owned F	nt of s ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
Common Stock														64,729		D			
			Table II - I								osed of converti			Owned					
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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Stock Options (right to buy)	\$1.47	11/10/2017			A		28,316		(1)		11/10/2027	Common Stock	28,316	\$0	28,310	6	D		

## **Explanation of Responses:**

1. 14,158 shares vest on each of 11/30/2017 and 12/31/2017.

/s/ Carl I. Schwartz, DDS 11/14/2017

\*\* 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.