FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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hours per response:

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 [*] KROCHUK TIMOTHY A						2. Issuer Name and Ticker or Trading Symbol Skyline Medical Inc. [SKLN]								elationship eck all appli X Directo	cable)	ng Per	rson(s) to Is 10% Ov	
(Last)	, , , , , ,					3. Date of Earliest Transaction (Month/Day/Year) 06/22/2017									Officer (give title below)		Other (s below)	specify
C/O GRT CAPITAL PARTNERS LLC ONE LIBERTY SQUARE, 11TH FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) BOSTON MA 02109														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate) ((Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) Date (Month/Day						Execution Date,					ities Acquired (A) or d Of (D) (Instr. 3, 4		5. Amou Securiti Benefic Owned Followi	es ially	Form (D) o	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) c (D)	Price	Reporte Transac			. 4)	(1150.4)	
Common Stock														0		D		
			Tabl	e II - Deri (e.g.					uired, Di , options					wned				
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		4. Transaction Code (Instr. 8)		5. Number 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 Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Followin Reported Transacti (Instr. 4)	e s Illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					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	125,00	00	D	

Explanation of Responses:

/s/ Timothy A. Krochuk

0<u>6/26/2017</u>

** 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.