

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

**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 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>  (Last) (First) (Middle) <u>1 GRAND ARMY PLAZA</u> <u>#9F</u>  (Street) <u>BROOKLYN NY 11217</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Skyline Medical Inc. [ SKLN ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>CEO and President</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>08/29/2013</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**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. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

**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)	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V	(A)	(D)	Date Exercisable	Expiration Date				
Convertible Promissory Note	(1)	08/29/2013		J <sup>(1)</sup>		0 <sup>(1)</sup>	(1)	(1)	Common Stock, par value \$0.01 per share	48,113,143	(1)	0 <sup>(2)</sup>	I	See Footnote <sup>(3)</sup>

**Explanation of Responses:**

- On August 29, 2013, SOK Partners LLC ("SOK Partners") advanced an additional \$142,718 to the Issuer under the Convertible Promissory Note, dated March 28, 2012, made by the Issuer in favor of SOK Partners (the "Grid Note"). The Grid Note may be converted at any time by the holder into shares of the Issuer's common stock, par value \$0.01 per share ("Shares"). The August 29, 2013 advance is convertible into 10,194,143 Shares.
- The aggregate principal amount and accrued interest of \$673,584 as of August 29, 2013 under the Grid Note is convertible into an aggregate of 48,113,143 Shares.
- Atlantic Partners Alliance LLC is the sole member of SOK Partners. Mr. Kornberg is one of the members of Atlantic Partners Alliance LLC and may therefore be deemed to be the beneficial holder of securities of the Issuer held by SOK Partners.

/s/ Joshua Kornberg 09/03/2013  
 \*\* 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.