FORM 3

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

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number: 3235-0							
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

Name and Address of Reporting Person*     Rafaeli Dolev				equiring Statement Ionth/Day/Year)  STRATA Skin Sciences, Inc. [ SSKN ]							
(Last) (First) (Middle) 100 LAKESIDE DRIVE				X Officer (give title below) Other (spelow)		rting Perso	on(s) to Issuer	(Mor	5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 100						Other (spec below)	Appl	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)					l		CEO		X	•	One Reporting Person
HORSHAM	PA	19044								Form filed by Reporting Pe	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)  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		t (D)   (Instr	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expirat			Expiration Da	. Date Exercisable and xpiration Date Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4			4. Conversion or Exercise Price of	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	
SSKN Stock Options			(1)	03/30/2028 <sup>(1)</sup>	)	SSKN Stock	ζ.	1,557,628	1.12	D	

## **Explanation of Responses:**

1. The options vest over a period of three (3) years, with equal installments vesting each three (3) calendar months period, on the first day of the calendar month following the end of the three month period. The vesting period begins on the first calendar day following the closing of the investment disclosed in the Company's Current Report on Form 8-K filed April 2, 2018. In the event that closing does not occur, the options will expire.

<u>/s/ Dolev Rafaeli</u>

04/10/2018

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.