FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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П	027	• • • • •									
	OMB Number:	3235-0287									
l	Estimated average burden										
l	hours per response:	0.5									

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* <u>GILL DAVID N</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol STRATA Skin Sciences, Inc. [ SSKN ]								(Ch	elationship c eck all applic X Directo	able)	Perso	on(s) to Issu		
(Last) (First) (Middle) C/O STRATA SKIN SCIENCES, INC.				3. Date of Earliest Transaction (Month/Day/Year) 06/08/2018									Officer below)	(give title		Other (s below)	pecify	
100 LAKESIDE DRIVE, SUITE 100				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) HORSHAM PA 19044  (City) (State) (Zip)												Line	Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tal	ole I - Non-	-Deriva	ative	Sec	urities	s Ac	quired, D	isp	osed of	f, or Ber	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date				Execution Date,			3. Transaction Code (Instr. 8) 5 5 5 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7				5. Amour Securitie Beneficia Owned F	s Fo ally (D ollowing (I)	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	,	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(Instr. 4)		
			Table II - D (e						uired, Dis , options					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 Da if any (Month/Day/Y	Co	4. Transaction Code (Instr. 8)		of		6. Date Exercisable Expiration Date (Month/Day/Year)		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode V	, ,	(A)	(D)	Date Exercisable		xpiration late	Title	Amount or Number of Shares					
STRATA Restricted Stock Units	\$2.07	06/08/2018		I	A		26,570		06/08/2019 <sup>(1)</sup>	0	6/08/2028	Common Stock	26,570	\$0	26,570	)	D	

## Explanation of Responses:

 $1.\ Restricted\ Stock\ Options\ will\ vest\ 100\%, in\ equal\ quarterly\ installments,\ over\ a\ 12\ month\ period.$ 

/s/ David N. Gill

06/11/2018

\*\* 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.