FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| •   | OMB APPROVAL             |           |  |  |
|---|--------------------------|-----------|--|--|
| TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP   | OMB Number:              | 3235-0287 |  |  |
| OTATEMENT OF OTTATOES IN BEITE FORCE OWNEROUM | Estimated average hurden |           |  |  |

0.5

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).

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*                      |   |  |   |                |  | 2. Issuer Name and Ticker or Trading Symbol MELA SCIENCES, INC. /NY [ MELA ] |        |                |                                    |          |  |   |                 |   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |   |   |  |  |
|---|---|--|---|----------------|--|--|--------|----------------|------------------------------------|----------|--|---|-----------------|---|--|---|---|---|---|--|--|
| <u>Crane F</u>  | ane Rosemary A  |  |   |                |  |  |        |                | ,                                  | /        |  |   | - 1             |   | X  | Direc   | ctor  | 1   | .0% O   | wner   |  |
| (Last)  | (Fi   | rst) (I                                    | Middle)   |                | 3. Date  | Date of Earliest Transaction (Month/Day/Year)                                |        |                |                                    |          |  |   |                 |   | X Off be                                       |   | er (give title<br>v)  |   | Other (<br>elow)                                    | specify  |  |
| 50 SOUTH BUCKHOUT STREET                                      |   |  |   |                |  | 02/05/2014   |        |                |                                    |          |  |   |                 |   | CEO and President                              |   |   |   |   |  |  |
| SUITE 1   |   |  |   |                |  |  |        |                |                                    |          |  |   |                 |   |  |   |   |   |   |  |  |
| (0)   |   |  |   | 4. If An       | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |        |                |                                    |          |  |   |                 | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |   |   |   |   |  |  |
| (Street) IRVINGTON NY 10533                                   |   |  |   |                |  |  |        |                |                                    |          |  |   |                 |   | Form   | m filed by One Reporting Person   |   |   |   |  |  |
|   |   |  |   |                |  |  |        |                |                                    |          |  |   |                 |   |  | Form filed by More than One Reporting<br>Person                         |   |   |   | orting   |  |
| (City)  | (St   | ate) (2                                    | Zip)  |                |  |  |        |                |                                    |          |  |   |                 |   |  |   |   |   |   |  |  |
|   |   | Tabl                                       | e I - Nor   | -Deriva        | ative S  | ecur   | rities | s Acq          | uired,                             | , Dis    | posed o  | f, o  | r Bene          | eficia  | lly (  | Owne  | ed  |   |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |   | ay/Year)   Exe |  | A. Deemed<br>Execution Date,<br>f any<br>Month/Day/Year)                     |        | Transaction Di |                                    | Disposed | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |   |                 | 4 and Secu<br>Bene<br>Own                                   |  | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|   |   |  |   |                |  |  |        | Code           | v                                  | Amount   |  | (A) or<br>(D)   | Price           |   | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   |   |   | (Instr. 4)  |  |  |
| Common Stock  |   |  | 02/05/2014  |                | 02   | 02/05/2014   |        | P              |                                    | 67,570   | 0  | A   | \$0.74          |   | 67,570   |   | D   |   |   |  |  |
|   |   | Та   |   |                |  |  |        |                |                                    |          | sed of,<br>onvertib  |   |                 |   | / Ov   | vned  |   |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date,          | ate, Transaction<br>Code (Instr                          |  |        |                | 6. Date E<br>Expiratio<br>(Month/D | on Date  |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                 | str. 3  |  | tr. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | (D)<br>rect   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |   |                | Codo V   |  | (A)    |                | Date                               |          | Expiration   | Tiel  | or<br>Nun<br>of | ount  |  |   |   |   |   |  |  |

**Explanation of Responses:** 

Remarks:

/s/Philip DeBellis as attorney-02/06/2014 in-fact for Rosemary A. Crane

\*\* 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.