FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |                      |  |  |  |  |  |  |  |
|--------------------------|----------------------|--|--|--|--|--|--|--|
| OMB Number:              | 1B Number: 3235-0287 |  |  |  |  |  |  |  |
| Estimated average burden |                      |  |  |  |  |  |  |  |
| 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).

|  |         |          |                | or Section 30(n) of the r   | nvesiment Co     | mpany Act of 1940   |                        |  |                                 |               |  |
|--|---------|----------|----------------|---|------------------|---|------------------------|--|---------------------------------|---------------|--|
| 1. Name and Address of Reporting Person*   |         |          |                | 2. Issuer Name and Ticker or Trading Symbol STRATA Skin Sciences, Inc. [ SSKN ] |                  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                        |  |                                 |               |  |
| Moccia Robert Joseph   |         |          |                | <u>STRIFT SMIT SCIENCES, INC.</u> [ SSIATV ]                                    |                  |   | X                      | Director   | 10% (                           | Owner         |  |
| (Last) 5 WALNUT G SUITE 140  | (First) | (Middle) |                | 3. Date of Earliest Trans<br>03/24/2022   | saction (Month   | /Day/Year)  | X                      | Officer (give title below)  Chief Exec                       | Other<br>below<br>utive Officer | (specify<br>) |  |
| (Street)   | PA      | 19044    |                | 4. If Amendment, Date o   | of Original File | d (Month/Day/Year)  | 6. Indiv<br>Line)<br>X | ridual or Joint/Grou<br>Form filed by On<br>Form filed by Mo | e Reporting Per                 | son           |  |
| (City)   | (State) | (Zip)    |                |   |                  |   |                        | Person   |                                 |               |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |         |          |                |   |                  |   |                        |  |                                 |               |  |
| 1. Title of Security (Instr. 3) 2. Transact                                      |         |          | 2. Transaction | 2A. Deemed  | 3                | 4. Securities Acquired (A)  | or                     | 5. Amount of   | 6. Ownership                    | 7. Nature     |  |

## Disposed Of (D) (Instr. 3, 4 and Securities Beneficially (Month/Day/Year) if any 5) (D) or Indirect Beneficial Code (Instr. Ownership (Month/Day/Year) 8) Owned Following (I) (Instr. 4) (Instr. 4) Reported (A) or (D) Transaction(s) (Instr. 3 and 4) Code Amount Price 03/24/2022 SSKN Common Stock P 33,300 A \$1.5735 1,665,890 D Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

## (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative 3A. Deemed Execution Date, 6. Date Exercisable and Expiration Date 7. Title and Amount of 8. Price of Derivative 9. Number of derivative 10. Ownership 11. Nature of Indirect 3. Transaction 5. Numbei Conversion (Month/Day/Year) Derivative Security or Exercise if any (Month/Day/Year) Code (Instr. (Month/Day/Year) Securities Security Securities Form: Beneficial Securities Acquired (Instr. 3) Price of 8) Underlying (Instr. 5) Beneficially Direct (D) Ownership (Instr. 4) Derivative Derivative Owned or Indirect (A) or Disposed of (D) (Instr. 3, 4 and 5) (I) (Instr. 4) Security Security (Instr. 3 and 4) Following Reported Transaction(s) (Instr. 4) Amount Number Date Exercisable Expiration Date of Shares (D) Title Code (A)

**Explanation of Responses:** 

/s/ Robert Joseph Moccia

03/24/2022

\*\* Signature of Reporting Person

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.