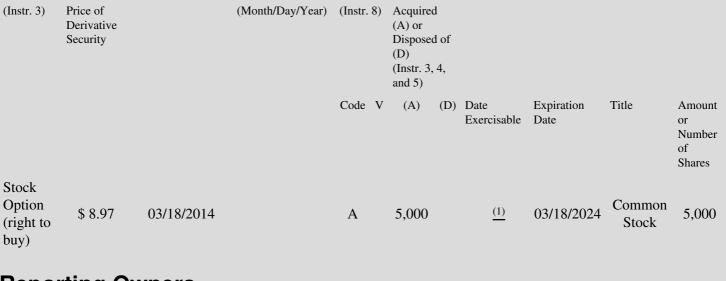
Edgar Filing: Alliqua, Inc. - Form 4

Alliqua, Inc. Form 4 March 19, 20	14									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 10(b) of the Investment Company Act of 1040						Estimated burden hou response	Estimated average burden hours per response 0.5		
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> STEFANSKY DAVID			2. Issuer Name and Ticker or Trading Symbol Alliqua, Inc. [ALQA]			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (. Date of Earliest Ti			(Che	eck all applicabl	e)		
			(Month/Day/Year) 03/18/2014			X_ Director 10% Owner Officer (give title Other (specify below) below)				
	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
LANGHORM	NE, PA 19047					Person	Wore than One K	eporting		
(City)	(State)	(Zip)	Table I - Non-I	Derivative S	ecurities A	cquired, Disposed	of, or Beneficia	lly Owned		
	2. Transaction Date Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	Code		A) or f (D)	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)		
Reminder: Repo	ort on a separate line	e for each class	s of securities benef	icially owne	d directly	or indirectly.				
				Person informa require	s who res ation cont d to respo s a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Der
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Sec

Edgar Filing: Alliqua, Inc. - Form 4



Reporting Owners

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
STEFANSKY DAVID C/O ALLIQUA, INC. 2150 CABOT BLVD. WEST, SUITE B LANGHORNE, PA 19047		Х				
Signatures						
/s/ David						
Stefansky	03/19/2014					
<u>**</u> Signature of Reporting Person	Date					

Explanation of Responses:

- * 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).

The option vests in twelve equal monthly installments with one-twelfth (1/12) vesting on the sixth day of each month during the one-year
 (1) period commencing on March 18, 2014, provided that Mr. Stefansky is providing services to the Issuer on the applicable vesting date and subject to the conditions of the Alliqua, Inc. 2011 Long-Term Incentive Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

(In