Alliqua BioMedical, Inc. Form 4 September 04, 2014

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or

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 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

obligations

may continue.

Form 5

(Print or Type Responses)

1. Name and Address of Reporting Person * ZELDIS JEROME B

2. Issuer Name and Ticker or Trading Symbol

Issuer

below)

X Director

Officer (give title

(First) (Last)

Alliqua BioMedical, Inc. [ALQA]

3. Date of Earliest Transaction (Month/Day/Year) 09/03/2014

(Check all applicable)

5. Relationship of Reporting Person(s) to

OMB APPROVAL

10% Owner

Other (specify

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

C/O ALLIQUA BIOMEDICAL, INC., 2150 CABOT BLVD. WEST

(Street)

(State)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

(Middle)

(Zip)

LANGHORNE, PA 19047

(City)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) (Instr. 3)

Execution Date, if (Month/Day/Year)

4. Securities Acquired 3. Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4)

D

Code V Amount

Transaction(s) (Instr. 3 and 4)

Reported

Common 09/03/2014 Stock

\$ 23,500 M A 4.24 $272,750^{(1)}$ (1)(2)(1)

Price

(A)

or

(D)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of		6. Date Exercisable and		7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date		Underlying Securities		
Security	or Exercise		any	Code	Securities		(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)) Acquired (A)					
	Derivative				or Dis	sposed of				
	Security				(D)					
					(Instr. 3, 4,					
					and 5)					
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of
				Code V	(A)	(D)				Shares
Warrant (right to buy)	\$ 4.24 (1)	09/03/2014		M		23,500	06/28/2013	06/28/2018	Common Stock	197,531 (1)

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

ZELDIS JEROME B C/O ALLIQUA BIOMEDICAL, INC. 2150 CABOT BLVD. WEST LANGHORNE, PA 19047



Signatures

**Signature of Date
Reporting Person

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).
- (1) The number of shares and prices reported in this Form 4 reflect a 1-for-43.75 reverse stock split of the common stock of the Issuer that occurred on November 18, 2013.
- Represents the cash exercise of a previously issued warrant to purchase 197,531 shares (on a post-split basis) of common stock, pursuant to which the reporting person purchased 23,500 shares at the exercise price of \$4.24 per share.

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.

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