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Ferrari H Daniel Form 4									
February 10, 201	0								
FORM 4									PPROVAL
	UNITED	STATES			AND EX , D.C. 20		COMMISSIO	N OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF gigtion 16.Expires:Janual Estimated average burden hours per responseFiled pursuant to Section 16(a) of the Securities Exchange Act of 1934, igations y continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1940Expires:Lanual Estimated average burden hours per response							urs per	
(Print or Type Respo	nses)								
1. Name and Address of Reporting Person <u>*</u> Ferrari H Daniel			2. Issuer Name and Ticker or Trading Symbol SOLTA MEDICAL INC [SLTM]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O SOLTA MEDICAL, INC., 25881 INDUSTRIAL BLVD			3. Date of Earliest Transaction (Month/Day/Year) 02/08/2010			Director 10% Owner X Officer (give title Other (specify below) below) VP, Bus./Financial Planning			
(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			
HAYWARD, CA	A 94545						Form filed by Person	More than One R	eporting
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
	ansaction Date nth/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securiti onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (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: Report or	a separate line	for each cl	ass of sec	urities bene	ficially own	ned directly (or indirectly		
terminet. Report of	r a separate fine				Perso inform requir	ns who res ation cont ed to resp ys 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 of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (Disposed o (Instr. 3, 4 5)	of (D)				
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount Number Shares
Employee Stock Option (right to buy)	\$ 1.91	02/08/2010		A	100,000		<u>(1)</u>	02/08/2020	Common Stock	100,00

Reporting Owners

Reporting Owner Name / Address	Relationships						
, of the second s	Director	10% Owner	Officer	Other			
Ferrari H Daniel C/O SOLTA MEDICAL, INC. 25881 INDUSTRIAL BLVD HAYWARD, CA 94545			VP, Bus./Financial Planning				
Signatures							

/s/ H. Daniel Ferrari	02/09/2010		
<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).
- (1) The option becomes exercisable according to the following schedule: 1/48 on March 31, 2010 and 1/48 on the last day of each full calendar month thereafter.
- (2) Not applicable.

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.