Edgar Filing: SOLTA MEDICAL INC - Form 4

SOLTA MEI	DICAL INC									
Form 4										
July 24, 2013										
FORM	Δ								PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this			0 /					Expires:	January 31,	
if no longe subject to	GES IN BENEFICIAL OWNERSHIP (NERSHIP OF		Estimated average 2005			
Section 16	SECURITIES					burden hou				
Form 4 or	Form 4 or							response	•	
Form 5	They pursually to Section 10(a) of the Securities Exchange Act of 1934,									
obligation may conti) of the Public Ut	•	•				n		
See Instru		30(h) of the In	vestment	Company	Act	of 194	40			
1(b).										
	,									
(Print or Type R	esponses)									
1 Name and A	ddress of Reporting P	Person [*] O Lesson	Nama and	т: -1 т	·	_	5 Relationship of	Reporting Per	son(s) to	
Heigel Doug		Symbol	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
11018012008		-	MEDICA			/1				
				_		'I J	(Chec	k all applicable	:)	
(Last)	(First) (M		Earliest Tra	insaction				100	-	
C/O SOLTA	MEDICAL	(Month/D	-				Director X Officer (give		Owner er (specify	
	INDUSTRIAL	07/22/20)13				below)	below)	of (speens)	
BOULEVAF							V	P Operations		
DOULLVII	(Street)									
	endment, Date Original				6. Individual or Joint/Group Filing(Check					
	h/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person					
HAYWARD	CA 94545						Form filed by M			
	, CA)+5+5						Person			
(City)	(State) (Zip) Table	e I - Non-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if	-				Securities	Form: Direct	Indirect	
(Instr. 3)		any	$\begin{array}{c} \text{Code} (\text{D}) \\ \text{(Lot 0)} (\text{Lot 0}) (\text{Lot 0}) (\text{Lot 0}) \\ \end{array}$			•	(D) or Indirect (I) (Instr. 4)	Beneficial		
		(Month/Day/Year)	(Instr. 8) (Instr. 3, 4 and 5)		Owned Following	Ownership (Instr. 4)				
							Reported	(msu. i)	(instr. i)	
					(A) or		Transaction(s)			
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	07/00/0010					\$	280 452	D		
Stock	07/22/2013		М	17,167	А	0.7	280,452	D		

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

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 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 0.7	07/22/2013		М		17,167	<u>(1)</u>	07/22/2013	Common Stock	17,167

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Heigel Douglas W							
C/O SOLTA MEDICAL, INC.			VP				
25881 INDUSTRIAL BOULEVARD			Operations				
HAYWARD, CA 94545			_				
Cianaturaa							

Signatures

/s/ Douglas W. Heigel 07/24/2013 <u>**</u>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 stock option grant is 100% vested and fully exercisable.

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.