Edgar Filing: SOLTA MEDICAL INC - Form 4

SOLTA MEI	DICAL INC										
Form 4											
August 21, 2	013										
FORM	1								OMB A	PPROVAL	
	UNITED	STATES		ITIES Al hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check thi				U .					Expires:	January 31,	
if no long subject to	STATEN	MENT OF	CHAN	GES IN BENEFICIAL OWNER				NERSHIP OF	•	2005 d average	
Section 1				SECUR	ITIES			Estimated average burden hours per			
Form 4 or	r								response	•	
Form 5 obligation	- · · ·						-	ge Act of 1934,			
may cont				•	•	- •		f 1935 or Section	n		
See Instru		30(h) o	of the Inv	vestment	Compan	y Act	t of 194	40			
1(b).											
(Print or Type R	(esponses)										
(init of Type I	(esponses)										
Parr Lisa D Sy			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
			SOLTA MEDICAL INC [SLTM]					(Check all applicable)			
(Last)	(First) (Middle)	3. Date of	Earliest Tra	ansaction			(Cnec	к ан аррисави	e)	
		· · · · · · · · · · · · · · · · · · ·	(Month/Da		anduetron			Director	10%	Owner	
C/O SOLTA	MEDICAL,		08/19/20	-				X Officer (give		er (specify	
INC., 25881	INDUSTRIAL	BLVD.						below) VP.Regula	below) atory/Clinical A	Affairs	
	(Street)		1 If Amon	dmant Dat	o Original			-	-		
· · · · · · · · · · · · · · · · · · ·			f Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 neu(mon	il/Day/Teal)				_X_Form filed by C	One Reporting Pe	erson	
HAYWARI	D, CA 94545							Form filed by M Person	Iore than One Re	eporting	
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Dat	te 2A. Deen	ned	3.	4. Securi	ties Ad	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)) Execution	n Date, if	Transactio		spose	d of	Securities	Form: Direct	Indirect	
(Instr. 3)		any (Month/D	Nov/Voor)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)				Beneficially Owned		Beneficial	
		(Month/D	ay/rear)	(Instr. 8)	(mstr. 5,	4 and	3)	Following	(Instr. 4)	Ownership (Instr. 4)	
						(1)		Reported			
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	08/19/2013			Р	2,733	A	\$ 2.05	2,733	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)

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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addre	SS	Relationships							
1	Director	Director 10% Owner Officer		Other					
Parr Lisa D C/O SOLTA MEDICAL, IN 25881 INDUSTRIAL BLVD HAYWARD, CA 94545			VP,Regulatory/Clinical Affairs						
Signatures									
Lisa D. Parr	08/21/2013								

<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).

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.