

Alliqua BioMedical, Inc.
 Form 4
 February 09, 2015

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
POSNER BRIAN M

 (Last) (First) (Middle)
 C/O ALLIQUA BIOMEDICAL,
 INC., 2150 CABOT BLVD. WEST,
 SUITE B

 (Street)
 LANGHORNE, PA 19047

 (City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
 Alliqua BioMedical, Inc. [ALQA]

3. Date of Earliest Transaction
 (Month/Day/Year)
 02/06/2015

5. Relationship of Reporting Person(s) to Issuer
 (Check all applicable)
 ___ Director ___ 10% Owner
 Officer (give title below) ___ Other (specify below)
 Chief Financial Officer

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 ___ Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				Code V	Amount or Price		
Common Stock	02/06/2015		A	(1)	100,000	A	\$ 0 107,640 D

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

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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. Transaction Code (Instr. 8)	5. Number of Derivative 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)	Amount or Number of Shares
Stock Option (right to buy)	\$ 6.23	02/06/2015		A	115,000	(2) 02/06/2025	Common Stock	115,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
POSNER BRIAN M C/O ALLIQUA BIOMEDICAL, INC. 2150 CABOT BLVD. WEST, SUITE B LANGHORNE, PA 19047			Chief Financial Officer	

Signatures

/s/ Brian Posner 02/09/2015
 __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) Represents a restricted stock award that is subject to forfeiture until vested. This award vests in three equal annual installments, with one-third (1/3rd) vesting on each of February 6, 2016, February 6, 2017 and February 6, 2018, subject to the terms and conditions of the Alliqua BioMedical, Inc. 2014 Long-Term Incentive Plan and that certain restricted stock award agreement by and between the Issuer and Mr. Posner, effective as of February 6, 2015.
 - (2) The option vests in three equal annual installments, with one-third (1/3rd) vesting and becoming exercisable on each of February 6, 2016, February 6, 2017 and February 6, 2018, subject to the terms and conditions of the Alliqua BioMedical, Inc. 2014 Long-Term Incentive Plan and Mr. Posner's continued service on the applicable vesting date.

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.