Alliqua BioMedical, Inc. Form 3 June 17, 2015 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF 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. Title (Instr. 4

1. Name and Address of Reporting Person <u>*</u> Pionati Pellegrino		2. Date of Event RequiringStatement(Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Alliqua BioMedical, Inc. [ALQA]				
(Last) (First)	(Middle)	06/15/2015	4. Relationsh Person(s) to	ip of Reporting Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O ALLIQUA BIOMH INC., 2150 CABOT BOULEVARD WEST (Street) LANGHORNE, PAÂ		(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer <u></u> Other (give title below) (specify below) See Remarks		Owner 6. Individual or Joint/Group			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
inform require	ns who res lation cont ed to respo	ach class of securities benefic pond to the collection of ained in this form are not and unless the form displ MB control number.	t t	SEC 1473 (7-02)		

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

e of Derivative Security 4)		Expiration Date		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares	or Indirect
	(I)
	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Pionati Pellegrino C/O ALLIQUA BIOMEDICAL, INC. 2150 CABOT BOULEVARD WEST LANGHORNE, PA 19047		Â	Â	See Remarks	Â		
Signatures							
/s/ Pellegrino Pionati	06/17/2015						
<u>**</u> Signature of Reporting Person	Date						
F	(D						

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

Chief Strategy and Marketing Officer

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.