FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL										
Ì	OMB Number:	3235-0287									
	Estimated average burden										
	hours per response:	0.5									

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Moccia Robert Joseph						2. Issuer Name <b>and</b> Ticker or Trading Symbol STRATA Skin Sciences, Inc. [ SSKN ]								5. Relationship of Reporting Person(s) to Issue (Check all applicable)  X Director 10% Owner					
(Last) 5 WALN	ast) (First) (Middle) WALNUT GROVE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 08/10/2023								X	below)			Other (specify below)	
SUITE 140						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HORSHAM PA 19044														X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	Rule 10b5-1(c) Transaction Indication																		
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	l - No	n-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	f, or	Benef	ficiall	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					Execution   Execut		ution Date,					es Acquired (A Of (D) (Instr. 3,			5. Amo Securi Benefi Owned Follow	cially 1	Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	or Pr	ice	Repor Transa				
SSKN Co	2023				P		42,000	A	<b>A</b> \$	0.674	23	235,300		D					
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)	ivative Conversion Date urity or Exercise (Month/Day/Year)		Execu	eemed Ition Date, h/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 Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

/s/ Robert Joseph Moccia

08/11/2023

\*\* Signature of Reporting Person Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).