FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL
OIVID AFFROVAL

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

## 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

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

						` ,										
1. Name and Address of Reporting Person* <u>Rafaeli Dolev</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol STRATA Skin Sciences, Inc. [ SSKN ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				٦	OTTAITT OMIT OCICIOCO, IIIC. [ SSICIV ]							V Director		10% Ow	ner	
				_									(give title	Other (s	pecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							below) below)				
C/O STRATA SKIN SCIENCES, INC.					11/22/2019							Cr	Chief Executive Officer			
5 WALNUT GROVE DRIVE, SUITE 140																
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Street)											Line	,				
HORSH.	AM PA	A	19044									_	ed by One Rep	J		
				_								Form fil Person	ed by More tha	n One Report	ing	
(City)	(S	tate)	(Zip)									1 615011				
		Та	ble I - Non-De	erivati	ve Se	ecurities	s Ac	quired, D	isposed o	of, or Be	neficially	/ Owned				
1. Title of	Security (Inst	tr. 3)		ansactio						5. Amoun			7. Nature of			
Date (Month/I					Year)	Execution Date if any		Transacti Code (Ins			str. 3, 4 and	Beneficia	lly (D) or ollowing (I) (In	r Indirect Enstr. 4)	ndirect Beneficial Ownership (Instr. 4)	
						(Month/Day/Ye	ay/Yea	) 8)				Owned Fe				
								Code V	Amount	(A) o	r Price	Transacti (Instr. 3 a	on(s)		,	
												1,	nu 4)			
			Table II - Der (e.g					uired, Dis , options,				Owned				
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	er of	6. Date Exerc	isable and	7. Title an	d Amount	8. Price of	9. Number of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	Code (Instr.		Derivative Securities Acquired (A)		Expiration Date of Securities (Month/Day/Year) Underlying Derivative Secu				Derivative Security	derivative Securities Beneficially	Ownership Form:	of Indirect Beneficial Ownership (Instr. 4)	
(Instr. 3)	Price of	f  ` ´ ´	(Month/Day/Year								Security	(Instr. 5)		Direct (D)		
Derivative   Security					or Disposed (Instr. 3 and 4) of (D) (Instr.					1a 4)		Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)		
					3, 4 and 5)						_	Reported Transaction(s)				
											Amount or		(Instr. 4)			
				l		l		Date	Expiration	l	Number					
				Code	V	(A)	(D)	Exercisable	Date	Title	of Shares				ļ	
SSKN Stock																
Options	\$2.46	11/22/2019		A		300,000		(1)	11/22/2029	Common Stock	300,000	\$0	3,270,877	D		
(right to buy)										J. Olock						

## **Explanation of Responses:**

1. The Options shall vest in 3 equal annual installments commencing on November 22, 2020 and continuing through November 22, 2022.

/s/ Dolev Rafaeli

11/26/2019

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.

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.