FORM 3

1. Name and Address of Reporting Person*

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0104 OMB Number: Estimated average burden hours per response:

0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

						6(a) of the Securities Exchar ne Investment Company Act			L934			
1. Name and Address of Reporting Person* 22NW, LP			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/16/2023		3. Issuer Name and Ticker or Trading Symbol STRATA Skin Sciences, Inc. [SSKN]						
(Last) (First) (Middle) 590 1ST AVE. S			Relationship of Reporting Person(s) Issuer (Check all applicable)				5. If Amendment, Date of Original Filed (Month/Day/Year)					
UNIT C1			_			Officer (give title below)		10% O Other (below)	specify		eck Applicable Form filed	int/Group Filing e Line) by One Reporting
(Street) SEATTLE	WA	98104	_						Person X Form filed by More than One Reporting Person			
(City)	(State)	(Zip)										
		٦	Гable I - Nor	-Deriv	ativ	e Securities Benefic	cia	lly Ov	vned			
1. Title of Security (Instr. 4)				. Amount of Securities Beneficially Owned (Instr.)	F			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock ⁽¹⁾					3,516,898		I By:		By:	By: 22NW Fund, LP ⁽²⁾		
		(e.				Securities Beneficia)		
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	ınd	Underlying Derivative Security Conve (Instr. 4) cr Exe		4. Conver or Exer Price o	rsion rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expira Date	tion	Title	or Nu of	ımber	Derivat Securit	ive	or Indirect (I) (Instr. 5)	3)
1. Name and A		oorting Person [*]										
(Last) 590 1ST AV UNIT C1	(First)	(N	1iddle)									
(Street) SEATTLE	WA	98	3104									
(City)	(State)	(Z	iip)	_								
1. Name and A	•	porting Person*										
(Last) 590 1ST AV UNIT C1	(First)	(N	fiddle)									
(Street) SEATTLE	WA	98	3104									
(City)	(State)	(Z	ip)									

22NW Fund GP, LLC							
(Last) 590 1ST AVE. S UNIT C1	590 1ST AVE. S						
(Street) SEATTLE	WA	98104					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* 22NW GP, Inc.							
(Last) (First) (Middle) 590 1ST AVE. S UNIT C1							
(Street) SEATTLE	WA	98104					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* English Aron R.							
(Last) 590 1ST AVE. S UNIT C1	(First)	(Middle)					
(Street) SEATTLE	WA	98104					
(City)	(State)	(Zip)					

Explanation of Responses:

- 1. This Form 3 is filed jointly by 22NW Fund, LP ("22NW Fund"), 22NW, LP ("22NW"), 22NW Fund GP, LLC ("22NW GP"), 22NW GP, Inc. ("22NW Inc.") and Aron R. English (collectively, the "Reporting Persons"). Each of the Reporting Persons may be deemed to be a member of a Section 13(d) group that collectively beneficially owns more than 10% of the Issuer's outstanding shares of Common Stock. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein except to the extent of his or its pecuniary interest therein.
- 2. Securities owned directly by 22NW Fund. As the investment manager to 22NW Fund, 22NW may be deemed to beneficially own the securities owned directly by 22NW Fund. As the general partner of 22NW Fund, 22NW GP may be deemed to beneficially own the securities owned directly by 22NW Fund. As the general partner of 22NW, 22NW Inc. may be deemed to beneficially own the securities owned directly by 22NW Fund. Mr. English, as the Portfolio Manager of 22NW, Manager of 22NW GP and President and sole shareholder of 22NW Inc., may be deemed to beneficially own the securities owned directly by 22NW Fund.

22NW Fund, LP; By: 22NW Fund GP, LLC; By: 08/18/2023 /s/ Aron R. English, <u>Manager</u> 22NW, LP; By: 22NW GP, Inc.; By: /s/ Aron R. 08/18/2023 English, President and Sole Shareholder 22NW Fund GP, LLC; By: 08/18/2023 /s/ Aron R. English, <u>Manager</u> 22NW GP, Inc., By: /s/ Aron R. English, President 08/18/2023 and Sole Shareholder 08/18/2023 /s/ Aron R. English ** Signature of Reporting Date

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

- * 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).

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.