FORM 4

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

Machinatan	D C	20540
Washington,	D.C.	20049

STATEMENT	OF	CHANGES	IN	<b>BENEFICIAL</b>	<b>OWNERSHIP</b>
	O.	CHANCE		DEILE IOIVE	CITILITIES

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
haura par raananas:	0.5							

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

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*     Gov Shmuel				2. Issuer Name and Ticker or Trading Symbol STRATA Skin Sciences, Inc. [ SSKN ]								eck all applica Director	able)	g Person(s) to Is:		)wner		
(Last)	(F UT GROV	irst) E DRIVE	(Middle)		3. Date of Earliest Tra 11/22/2023				nsaction (Month/Day/Year)					below)	give title	00	Other (s below)	ресіту
STE. 140				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	AM P	A	19044											-	ed by Mor	•	rting Person One Report	
(City)	(8	State)	(Zip)		_     	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.							o satisfy					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/L				action 2A. Deemed Execution Date if any (Month/Day/Year)		e, Transaction Dispos Code (Instr.			rities Acquired (A) or ed Of (D) (Instr. 3, 4 a		Beneficia Owned Fo	s Form Illy (D) or ollowing (I) (In		: Direct   I Indirect   I str. 4)   (	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	nount (A) or (D)		Reported Transaction(s) (Instr. 3 and 4)				mstr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative   Conversion   Date   Exec   Security   or Exercise   (Month/Day/Year)   if any		3A. Deemed Execution Da if any (Month/Day/Y	Date, Transac Code (In					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	Off(a)		
Employee Stock Option	\$0.5	11/21/2023			Α		416,250		(1)	1	1/21/2033	Common Stock	416,250	\$0	971,25	50	D	

## **Explanation of Responses:**

11/22/2023 /s/ Shmuel Gov

\*\* Signature of Reporting Person Date

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

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>1.</sup> Options shall vest in twelve equal quarterly amounts over a period of three years from the date of grant.

 $<sup>^{\</sup>ast}$  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).