Check this box if no

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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per response	0.5				

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

pe Response	es)													
				2. Issuer Name and Ticker or Trading Symbol Alliqua BioMedical, Inc. [ALQA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X. Director 10% Owner				
-		2 21 50	3. Date of Earliest Transaction (Month/Day/Year) 05/06/2015						ve title below)					
DNE DA	(Street)	4	4. If Amendment, Date Original Filed(Month/Day/Year)				_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
))		(Zip)			T. 1.1	T								
	` '		24 D										1	NT /
(Instr. 3) Date		Date	Execution Date, if Code (Instr. 8			(A) or Disposed of (D)			Owned Following Reported Transaction(s)			Ownership of Indirect Beneficial		
			(Month/I	Jay/		Cod	e V Ar	(A) or		o (I		r Indirect (Ir	wnership nstr. 4)	
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Report on a	separate line for eac	en class of securities	s benefici	ally (owned di	recti	Persons this form	who respond to are not requi	ired to res _l	pond unle			SEC 147	74 (9-02)
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		3A. Deemed Execution Date, if any	4. 5. Number of Code Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Tit Amou Unde Secur (Instr		7. Title an Amount o Underlyin Securities	f g		Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirec Beneficia Ownershi (Instr. 4)		
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	or Number of				
\$ 4.73	05/06/2015		A		15,000	(-)	(1)	05/06/2025	Common Stock		\$ 0	15,000	D	
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If Amendment, Date Original Filed(Month/Day/Year) Table 1 - Non-Derivative Securities Acquired, Disposed of (D) or Good (A) or Disposed of (D) or Good (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Check all applicable (Check all applicable (Code (Instr. 4) or Disposed of (D) on the Reporting Person Securities Acquired (A) or Disposed of (D) or Good (Instr. 5) (Instr. 3 and 4) (Instr. 3 and 4) (Instr. 3 and 4) (Instr. 3 and 4) (Instr. 5) (Instr. 6) (Instr. 6) (Instr. 6) (Instr. 6) (Instr. 7) (Instr. 8) (Instr. 6) (Instr. 6) (Instr. 7) (Instr. 8) (Instr. 6) (Instr. 8) (Instr. 7) (Instr. 8) (Instr. 9) (Instr. 9) (Instr. 9) (Instr. 1) (Instr. 1) (Instr. 1) (Instr. 1) (Instr. 2) (Instr. 3) (Instr. 3) (Instr. 3) (Instr. 4) (Instr. 3) (Instr. 4) (Instr. 5) (Instr. 5) (Instr. 6) (Instr. 6) (Instr. 6) (Instr. 7) (Instr. 8) (Instr. 6) (Instr. 8) (Instr. 9) (Instr. 9) (Instr. 1) (Instr. 1) (Instr. 1) (Instr. 3) (Instr. 4) (I	Alliqua BioMedical, Inc. [ALQA] (Check all applicable) (Check all ap

B (Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ZELDIS JEROME B C/O ALLIQUA BIOMEDICAL, INC. 2150 CABOT BLVD. WEST LANGHORNE, PA 19047	X					

Signatures

/s/ Jerome B. Zeldis	05/08/2015
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).

The option vests in twelve equal monthly installments with one-twelfth (1/12) vesting on the sixth (6th) day of each of the next twelve (12) months, with the first such vesting date (1) occurring on June 6, 2015, provided that Dr. Zeldis is providing services to the Issuer on the applicable vesting date and subject to the terms and conditions of the Alliqua BioMedical, Inc. 2014 Long-Term Incentive Plan.

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.