FORM 4

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

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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 OF SECURITIES

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

(Print or Ty	pe Response	es)																			
Name and Address of Reporting Person * Pionati Pellegrino			2. Issuer Name and Ticker or Trading Symbol Alliqua BioMedical, Inc. [ALQA]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) (First) (Middle) C/O ALLIQUA BIOMEDICAL, INC., 2150 CABOT BLVD. WEST						3. Date of Earliest Transaction (Month/Day/Year) 11/06/2015									X Officer (give title below) Other (specify below) Chief Strategy & Marketing Off						
	4. If Amendment, Date Original Filed(Month/Day/Year)										6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person										
LANGHORNE, PA 19047																					
(City	7)	(State)	(Z	Zip)			Tab	ole I -	Non-	Deri	vative S	ecuritie	s Ac	cquir	ed, Dispo	osed of, or l	Beneficially	Owned			
(Instr. 3) Da		Date	Transaction ate Month/Day/Year)		2A. Deemed Execution Date any (Month/Day/Ye		Code (Inst	•	ction	(Instr. 3, 4 and 5)		of	(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following			neficial vnership		
								Co	ode	V	Amoun	or (D)	Pri	ice				(I) (Instr. 4)	rect (Instr. 4) 4)		
Common	Stock		11/06/2	015				I)		10,000	A	\$ 2.9	05	116,512			D)		
indirectly.		separate line fo		able II - I] 	Pers cont the f	ons what ained i	n this f splays	orm a cı	are urrer	not req	ection of in uired to re	spond un	less	SEC	1474 (9-02)	
			1							,	, conver				y Owned						
Security	Conversion	3. Transaction Date (Month/Day/Y	Year) Ex	7		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)				Amo Unde Secu	erlying rities r. 3 and	Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	rship of tive ty: (D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	V	(A)	(A) (D)		e rcisable	Expirati Date	ion .	Title	Amount or Number of Shares						
Repoi	rting O	wners																			
Reporting Owner Name / Address					Relationships																
		Name / Addre	ess	Director	10% Owner Officer						Ot			Other							
Pionati Pellegrino C/O ALLIQUA BIOMEDICAL, INC. 2150 CABOT BLVD. WEST LANGHORNE, PA 19047			Chief Strategy & Marketing						ing Of	f											

Explanation of Responses:

Signatures

/s/ Pellegrino Pionati

**Signature of Reporting Person

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

11/09/2015 Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Represents the weighted average price of shares purchased in multiple transactions at prices ranging from \$2.90 to \$2.99, inclusive. The reporting person undertakes to (1) provide to Alliqua BioMedical, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth herein.

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.