Edgar Filing: Nardoci Jeffrey C - Form 4

Nandasi Jaffress C

Nardoci Jeffr	rey C										
Form 4	2012										
February 26,											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									APPROVAL		
	CURINI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							201011011551010	OMB Number:	3235-0287	
Check thi	s box		vv as	, mington,	D.C. 200	'				January 31,	
if no long	1ENT O	F CHANGES IN BENEFICIAL OWNE					NERSHIP OF	Expires:	2005		
subject to Section 1		SECURITIES					Estimated average burden hours per				
Form 4 or	r								response		
Form 5	• · · · · · · · · · · · · · · · · · · ·						-	e Act of 1934,			
obligation may cont				•	U			f 1935 or Sectio	n		
See Instru		30(h)) of the In	vestment	Company	Act	of 194	40			
1(b).											
(Print or Type F	(esponses)										
(I fint of Type I	(esponses)										
1. Name and A	ddress of Reporting	Person *	2 Issuer	· Name and	Ticker or T	radin	7	5. Relationship of	f Reporting Per	son(s) to	
Nardoci Jeff		-	Symbol	2. Issuer Name and Ticker or Trading Symbol				Issuer			
SOLTA MEDICAL INC [SLTM]								11 11 11 \			
(Last)	(First) (N	Middle)	3 Date of	Earliest Tr	ansaction			(Chec	ck all applicable	2)	
			(Month/D		ansaction			Director	10%	Owner	
C/O SOLTA MEDICAL, 25881			02/22/2013					_X_ Officer (give title Other (specify below)			
INDUSTRIA						Vice President of Marketing					
(Street) 4.			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				Ionth/Day/Year)				Applicable Line)			
X Form filed by C						ne Reporting Person					
HAYWARI	D, CA 94545							Person	More than One Re	eporting	
(City)	(State)	(Zip)	T - 1-1				• •	·	e		
								uired, Disposed of		-	
1.Title of	2. Transaction Date			3. Transactiv	4. Securit on(A) or Dis			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect	
Security (Instr. 3)	(Month/Day/Year)	any	on Date, if	Code	(D)	sposed	01	Beneficially	(D) or	Beneficial	
× ,		-	/Day/Year)	(Instr. 8)					Indirect (I)	Ownership	
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common							\$	100 -	-		
Stock	02/22/2013			S	50,000	D	¢ 2.3	109,596	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director 10% Owner		Officer	Other			
Nardoci Jeffrey C C/O SOLTA MEDICAL 25881 INDUSTRIAL BLVD. HAYWARD, CA 94545			Vice President of Marketing				
Signatures							
/s/ John F. Glenn, attorney in fact	02	2/26/2013					
**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).

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.