FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES	S IN BENEFICIAL	OWNERSHIP

Ш	OMB APPRO	JVAL								
	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	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

1. Name and Address of Reporting Person* CONNORS KEVIN P				2. Issuer Name and Ticker or Trading Symbol CUTERA INC [CUTR]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
COMM	UK5 KE	VIIN P							_						X Direc	tor	X	10% Ow	/ner
(Last)	(Fi	rst)	(Middle)		3. [Date of Earliest Transaction (Month/Day/Year)									X Office below	er (give title		Other (s below)	pecify
C/O CUTERA, INC.							09/01/2005									Presiden	t and	CEO	
3240 BAYSHORE BLVD.						ı. A		D	-40	S	ll /	Mariatia (Dia		6. Individual or Joint/Group Filing (Check Applicable					
(Ctroot)					_ 4.1	II AME	ename	nt, Date	or O	əriginai Fii	iea (i	Month/Da	y/ Year)	Lin		Joint/Group	Hiling	ј (Спеск Арр	olicable
(Street) BRISBA	NE C	۸	94005												X Form	filed by One	Repo	orting Persor	1
DIGIODA	INE C	1	34003												Form	filed by Mor	e thar	One Repor	ting
(O:t-)	(0.		(7:)		_										Perso	n			
(City)	(S	tate)	(Zip)																
		Tab	le I - No	n-Deri	vativ	e Se	curit	ties A	cqu	ıired, D	isp	osed o	f, or Bei	neficia	ly Owne	d			
1. Title of	Security (Inst	tr. 3)			saction		2A. De			3.			ies Acquire		5. Amo		6. Ownership		7. Nature
					Date (Month/Day/Year)		Execution Date, if any		·			Disposed 5)	Of (D) (Ins	tr. 3, 4 and	Benefi	cially			of Indirect Beneficial
							(Month/Day/Year)		ear)) 8)		, , , , , , , , , , , , , , , , , , ,			Owned	Following ed	(I) (Ir	(Instr. 4)	Ownership (Instr. 4)
										Code	,	Amount	(A) or (D)	Price	Transa	ction(s) 3 and 4)		ľ	(,
Common Stock 09/01/)1/200	/2005 09/01/2005			5	М		5,000	0 A S		L 18	182,732		D		
Common	Stock			09/0	01/200	5	09/0	01/200	5	S ⁽¹⁾		5,000	D	\$24.	52 17	7,732	732 D		
		-	Гable II -	Deriv	ative	Sec	uritie	es Ari	auir	red Dis	sno	sed of	or Bene	ficially	, Owned				
													ole secu		, omica				
1. Title of	2.	3. Transaction	3A. Deeme	d	4.		5. Numbe		6. D	Date Exercisable and		le and	7. Title and		8. Price o	of 9. Numb	er of	10.	11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr 8)		n of			piration Da onth/Day/Y	ate		Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security (Instr. 5)		e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
							1							Amount					
														Number					
					Code	v	(A)	(D)	Dat Exe	te ercisable		kpiration ate	Title	of Shares					
Employee											\top								
Stock		00/04/2005			,		1	- 000		(2)		V4 D /D000	Common	F 000		The se			
Option (Right to Buy)	\$0.1	09/01/2005			M			5,000	09/0	'01/2000 ⁽²⁾	09	9/13/2009	Stock	5,000	\$0	720,00	JU	D	

Explanation of Responses:

- $1. \ The sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 Sales Plan adopted by the reporting person on May 25, 2005.$
- 2. Options vest according to the following schedule: 1/4 date exercisable, and 1/48 per month thereafter.

/s/ Kevin P. Connors

09/06/2005

** Signature of Reporting Person

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 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.

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.