SEC Form 4

 \Box

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					1 360	2001 30(1)	UT UT	e investment	Company A	CI UI 1940	J							
1. Name and Address of Reporting Person* LEWIN NICHOLAS SHERIDAN					2. Issuer Name and Ticker or Trading Symbol <u>CUTERA INC</u> [CUTR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
LEWIN NICHOLAS SHERIDAN											_ >	C Directo	or		10% Ow	/ner		
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/19/2023							Officer below)	(give title		Other (s below)	pecify		
C/O CUTERA, INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)						6 In	6. Individual or Joint/Group Filing (Check Applicable						
3240 BAYSHORE BLVD.					The menument, Date of Original Flied (Month/Day/Teal)							Line)						
5240 BATORIORE BEVE.												2	X Form filed by One Reporting Person				n	
(Street)													Form filed by More than One Reporting Person				rting	
BRISBANE CA 94005						Dule 10hE 1(c) Transaction Indication												
Rule 10b5-1(c) Transaction Indication																		
(City)	(5	State)	(Zip)		1 Ch	eck this ho	x to in	dicate that a tr	ansaction wa	s made pu	rsuant te	n a cont	ract instructi	on or writte	n nlan	that is intende	nd to	
									s box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									
<u> </u>													-					
		Tab	le I - Non-De	rivativ	e S	ecuritie	s Ad	cquired, D	oisposed	of, or l	Bene	ficiall	y Owned	t de la companya de				
1. Title of	Security (Ins	str. 3)		ansactio	ו ו	2A. Deem		3.		urities Ac			5. Amou				7. Nature	
Date (Month				nth/Day/Y							Beneficially			(D) o	or Indirect 🛛 🛙	of Indirect Beneficial		
					(Month/Day/Year) 8)						Owned Following Reported			(I) (Ir		Ownership Instr. 4)		
					Code V Amount (A) or					Price	Transaction(c)			`				
										10	, ((instr. 3	anu 4)				
		٦	able II - Deri (e.g.					uired, Dis s, options					Owned					
4 THE	2.			· •		, 		<i>i</i> .	,				8. Price of	0.0		40	44. 11-1-1	
1. Title of Derivative	Conversion	3. Transaction Date	3A. Deemed Execution Date,	4. Transactio				6. Date Exercisable and Expiration Date 7. Title and Amount of				Derivative			10. Ownership	11. Natur of Indired		
Security (Instr. 3)					(Inst	r. Deriva Securi		(Month/Day	/Year)	Securi Underl			Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficia Ownersh	
(Derivative	Derivative Acquired Derivative				tive Sec		(Owned		or Indirect	(Instr. 4)						
	Security (A) or Disposed					(Instr.	3 and 4)		Following Reported		(I) (Instr. 4)						
					of (D) (Instr. 3, 4								Transaction(s) (Instr. 4)					
					and 5)									(
											An	nount						
											or	mber						
				Contr	$ _{v}$			Date	Expiration		of							
	1	1	1	Code	1 V	(A)	(D)	Exercisable	Date	Title	SN	ares		1		1	1	

Option (Right to \$16.84 Buy)

Explanation of Responses:

Stock

1. One-third of the shares subject to the option vest on May 19, 2024 and each one-year anniversary thereafter, subject to the Reporting Person continuing as a service provider through each such date. **Remarks:**

(1)

25,327

/s/ Vik Varma, by power of

25,327

05/19/2030

Common Stock

<u>attorney</u> ** Signature of Reporting Person

\$0.00

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

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

05/19/2023

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.

Date

05/24/2023

25,327

D