FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| | Check this box if no longer subject to |
|---|--|
| 7 | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(h) |

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* WIDMAN JERRY P | | | | | | 2. Issuer Name and Ticker or Trading Symbol CUTERA INC [CUTR] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--------------|-----------|--------|---|--|--|------|--|--------------------------------------|--------------------|---|-------------|------------|---|---|---------------------|---|--|--|
| WIDMAN JERRI F | | | | | | | | | | | | | | | X Dire | ctor | | 10% O | wner | |
| (Last) (First) (Middle) 30914 KILGOUR DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2011 | | | | | | | | | | cer (give title ow) | | Other (below) | (specify | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | Line) | | | | | |
| WESTLA | KE OF | - I 2 | 14145 | | | | | | | | | | | | X For | n filed by One | e Rep | oorting Pers | on | |
| , | | | | | | | | | | | | | | For Per | n filed by More than One Reporting on | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Sec | curitie | s Ac | quired, | Dis | osed o | f, or | Bene | ficia | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | | | Execution | | | Code (| Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | nd Secui Benef | icially d Following | Forn (D) c | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | () () | A) or D) | Price | Trans | saction(s) :. 3 and 4) | | | (1130.4) | |
| Common Stock 06/ | | | | | /2011 | | | A | | 7,585 | 5 | A | \$ |) 2 | 21,104 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any | | | Date, | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ((| Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | of Sha | res | | | | | | |

Explanation of Responses:

Remarks:

/s/ Jerry P. Widman

06/16/2011

** 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.