FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |           |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |
| hours per response       | : 0.5     |  |  |  |  |  |  |

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 John  2. Date of Event Requiring Statement (Month/Day/Year) 04/22/2005 |         |          | nent                | 3. Issuer Name and Ticker or Trading Symbol  CUTERA INC [ CUTR ] |                    |   |  |   |   |   |                 |
|--|---------|----------|---------------------|--|--------------------|---|--|---|---|---|-----------------|
| (Last) C/O CUTERA  |         | (Middle) |                     |  |                    | Relationship of Reporting Personeck all applicable) Director  Officer (give title | 10% Owner Other (specify               |   | 5. If Amendment, Date of Original Filed (Month/Day/Year) 04/25/2005 |   |                 |
| 3240 BAYSHORE BLVD.  (Street)  |         |          |                     |  | VP of North Americ | below)<br>can Sales   |  | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person |   |   |                 |
| BRISBANE   | CA      | 94005    |                     |  |                    |   |  |   |   |   | y More than One |
| (City)   | (State) | (Zip)    |                     |  |                    |   |  |   |   |   |                 |
| Table I - Non-Derivative Securities Beneficially Owned   |         |          |                     |  |                    |   |  |   |   |   |                 |
| 1. Title of Security (Instr. 4)  |         |          |                     |  |                    | ally Owned (Instr. 4)   |  |   | 4. Nature of Indirect Beneficial Ownership (Instr. 5)               |   |                 |
| Common Stock   |         |          |                     |  |                    | 34,868(1)   | D                                      |   |   |   |                 |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)       |         |          |                     |  |                    |   |  |   |   |   |                 |
| 1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)                       |         |          | ate                 | Underlying Derivative Security (Instr. 4) Conve                  |                    | rcise Form:   |  | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5)                                       |   |   |                 |
|  |         |          | Date<br>Exercisable | Expiration<br>Date   | n Title            |   | Amount<br>or<br>Number<br>of<br>Shares | Price of Derivation Securi  | tive  | Direct (D)<br>or Indirect<br>(I) (Instr. 5) |                 |

## Explanation of Responses:

1. 1,785 of these shares, which were acquired under the issuer's 2004 Employee Stock Purchase Plan, were omitted from the reporting person's original Form 3, and also were omitted from one Form 4 filed by the reporting person after his original Form 3 was filed.

<u>/s/ John J. Connors</u> <u>07/25/2005</u>

\*\* 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 5 (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.