FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APF | ROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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* SANTILLI RONALD J | | | | | 2. Issuer Name and Ticker or Trading Symbol CUTERA INC [CUTR] | | | | | | | | Chec | ationship of k all applica Director Officer (| ble) | Person(s) to Iss | | |
| (Last) (First) (Middle) C/O CUTERA, INC., | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2013 | | | | | | | | X | below) | EVP a | nd CI | below) | респу | |
| 3240 BAYSHORE BLVD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) BRISBANE CA 94005 | | | 94005 | | | | | | | | | ine) X | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (S | state) | (Zip) | | | | | | | | | | | Person | | | | |
| | | Ta | able I - Non- | Derivat | ive S | ecurities | s Acc | quired, [| Disp | osed o | f, or Ben | eficia | ally | Owned | | | | |
| Date | | | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 4) | | I (A) or . 3, 4 ar | nd 5) | 5. Amount Securities Beneficial Owned Fo Reported | ly | Form: (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | v | Amount | ount (A) or (D) | | е | Transactio (Instr. 3 ar | | | | msu. 4) |
| COMMON 06/10 | | | | 06/10/2 | 013 | | | A | | 6,750 | (1) A | \$0 | \$0.00 | | 973 I | | D | |
| | | | Table II - D | | | | | | | | or Benet ole secur | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) | | Code (Instr. | | Derivative I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | tive | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | V (A) | | | Date Exercisable | | expiration Date | Title | Amo or Num of Shar | ber | | (Instr. 4) | | | |
| Employee Stock Option (Right to | \$8.91 | 06/10/2013 | | A | | 43,333 ⁽²⁾ | | 06/01/2014 | 1 0 | 06/10/2020 | COMMON | 43,3 | 333 | \$0 | 43,33 | 3 | D | |

Explanation of Responses:

- 1. Restricted Stock Units vesting 1/3rd on each yearly anniversary of the Vesting Commencement Date of June 1, 2013.
- 2. Options vest according to the following schedule: 12/36th upon anniversary of the Vesting Commencement date of June 1, 2013 and 1/36 per month thereafter.

Remarks:

Ronald Santilli

06/12/2013

** 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.