

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 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

<p>1. Name and Address of Reporting Person* <u>MEDVENTURE ASSOCIATES</u> <u>MANAGEMENT III CO LLC</u></p> <hr/> <p>(Last) (First) (Middle) 5980 HORTON STREET, SUITE 390</p> <hr/> <p>(Street) EMERYVELLE CA 94608</p> <hr/> <p>(City) (State) (Zip)</p>	<p>2. Issuer Name and Ticker or Trading Symbol <u>CUTERA INC [CUTR]</u></p> <hr/> <p>3. Date of Earliest Transaction (Month/Day/Year) 04/05/2004</p> <hr/> <p>4. If Amendment, Date of Original Filed (Month/Day/Year)</p>	<p>5. Relationship of Reporting Person(s) to Issuer (Check all applicable)</p> <p>Director <input checked="" type="checkbox"/> 10% Owner</p> <p>Officer (give title below) Other (specify below)</p> <hr/> <p>6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
---	---	---

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	04/05/2004		C		2,686,719	A	\$0	2,839,683	I	MedVenture Associates III, L.P. ⁽¹⁾
Common Stock	04/05/2004		C		114,281	A	\$0	120,788	I	MedVen Affiliates III, L.P. ⁽¹⁾

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number 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. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Series A Convertible Preferred Stock	(2)	04/05/2004		C		1,439,759		(3)	(4)	Common Stock	1,439,759	\$0	0	I	MedVenture Associates III, L.P. ⁽¹⁾
Series A Convertible Preferred Stock	(2)	04/05/2004		C		61,241		(3)	(4)	Common Stock	61,241	\$0	0	I	MedVen Affiliates III, L.P. ⁽¹⁾
Series B Convertible Preferred Stock	(2)	04/05/2004		C		1,246,960		(3)	(4)	Common Stock	1,246,960	\$0	0	I	MedVenture Associates III, L.P. ⁽¹⁾
Series B Convertible Preferred Stock	(2)	04/05/2004		C		53,040		(3)	(4)	Common Stock	53,040	\$0	0	I	MedVen Affiliates III, L.P. ⁽¹⁾

Explanation of Responses:

1. The reporting person disclaims beneficial ownership of the reported securities except to the extent of any pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.
2. 1-for-1
3. Immed.
4. N/A

/s/ Annette J. Campbell-White 04/05/2004

** 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.