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 I	burden								

0.5

hours per response:

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(b) of the Investment Company Act of 1940

					01 3	Secu	011 30(11)	or the i	nvesune	iii Cu	mpany Act	01 19	40								
Name and Address of Reporting Person*  Laborate Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol  CUTERA INC CUTR									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Laber Larry</u>									_						Direc	ctor		10% O	wner		
														_	X		er (give title			specify	
(Last)	(Fii	rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year)										belov	,		below)		
C/O CUTERA, INC.					10/	10/30/2017									EVP, North America Sales						
·																					
3240 BAYSHORE BLVD				4.16	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
					4. If	Ame	enament	, Date c	of Origina	ai File	a (Month/Da	ay/ Ye	ar)		. Inaiv ine)	riduai o	r Joint/Group	⊢ıııng	(Check A	pplicable	
(Street)														-	X	Forn	n filed by One	e Reno	rting Pers	on	
BRISBA	NE $CA$	A 9	94005												Form filed by More than One Reporting						
																Pers		re man	Опе кер	orung	
(City)	(St	ate) (	Zip)																		
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		Tabi	e I - Non	-Deriv	alive	- Se	Curitie	S AC	quired	, DIS	sposea o	)I, O	Ben	enci	any	Owne	<del></del>				
1. Title of S	Security (Inst	r. 3)		2. Transa	action	ction 2A. Deemed Execution Date,			3. 4. Securities Acquired (A								ount of		nership	7. Nature of Indirect	
Date (Month/D				Day/Ye	ar)	if any (Month/Day/Year		Code (Instr.				. 3, 4 a	Bene		cially	(D) or	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
												,			Owned Following ( Reported						
									Code	.   <sub>v</sub>	Amount		(A) or	Price	,	Transaction(s)				(1113411 4)	
													(D)	))   1111		(Instr.	3 and 4)				
COMMON 10/30/					/2017						469(1)		D	\$39		9 72,913			D		
		To	ıble II - D	\			wition	Λ	ired F	Nion.		0 × F	) o m o fi	العند	0			J			
		Id									onvertib					viieu					
			<u> </u>	<del></del>			·					т —		,							
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution		4. Transaction Code (Instr. 8)								itle and ount of			Price of 9. Number		of 10. Ownership		Beneficial	
Security	or Exercise		if any (Month/Day	´					(Month/Day/Year)			Securities			Security		Securities	Fo	orm: .		
(Instr. 3)	Price of Derivative			y/Year)									derlying ivative		(Instr. 5)		Beneficially Owned		rect (D) Indirect	Ownership (Instr. 4)	
Security							(A) or Security (Instr.						str. 3	3		Following	(1)	(Instr. 4)	` ′		
								Disposed of (D)		and 4)							Reported Transaction		s)		
								(Instr. 3, 4 and 5)									(Instr. 4)				
				-	anu 5)							-	<del></del>								
													Am or	ount							
				N				Nur	nber												
							(A)	(D)	Date Exercis	able	Expiration Date	Title	of e Sha	res							

## **Explanation of Responses:**

1. Represents the total number of shares withheld by the Company to settle the reporting person's minimum tax liability on the vesting of Resting Stock Units (RSU's).

<u>/s/ Larry Laber</u>

10/31/2017

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.