#### SOLTA MEDICAL INC

Form 4

January 27, 2014

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** 

**OMB APPROVAL** 

Number:

3235-0287 January 31,

Expires:

2005

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Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* SIECZKAREK MARK M

2. Issuer Name and Ticker or Trading Symbol

SOLTA MEDICAL INC [SLTM]

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

(First) (Last)

(Middle)

(Zip)

3. Date of Earliest Transaction

\_X\_\_ Director

10% Owner

SOLTA MEDICAL, 25881 INDUSTRIAL BLVD.

01/23/2014

X\_ Officer (give title below) Interim Chairman/President/CEO

Other (specify below)

(Street)

(State)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

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

HAYWARD, CA 94545

(City)

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 7. Nature of Securities Ownership Indirect Beneficially Form: Direct Beneficial Owned (D) or Ownership Following Indirect (I) (Instr. 4) Reported (Instr. 4)

(A) or (D) Price

Code V Amount Transaction(s) (Instr. 3 and 4)

Common 01/23/2014 Stock

269,514 U D 0 (1) 2.92

D

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

### Edgar Filing: SOLTA MEDICAL INC - Form 4

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 orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date Underly (Month/Day/Year) (Instr. 3		7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 1.39	01/23/2014		D	25,000	(2)	06/04/2019	Common Stock	25,000
Employee Stock Option (Right to Buy)	\$ 2.47	01/23/2014		D	25,000	(2)	06/03/2020	Common Stock	25,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
SIECZKAREK MARK M SOLTA MEDICAL 25881 INDUSTRIAL BLVD. HAYWARD, CA 94545	X		Interim Chairman/President/CEO				

# **Signatures**

/s/ Mark M.
Sieczkarek

\*\*Signature of Reporting
Person

Date

## **Explanation of Responses:**

- \* 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).
- Includes 916 shares acquired under the Issuer's 2006 Employee Stock Purchase Plan on January 21, 2014 and 75,623 shares deemed
  (1) acquired pursuant to the grant of restricted stock units ("RSU's") on various dates. The vesting of the RSU's was accelerated in connection with the merger of the Issuer with Valeant Pharmaceuticals International, a Delaware corporation (the "Merger").
- This option, which had become fully vested and exercisable, was cancelled at the closing of the Merger in exchange for a cash payment equal to the product of (a) the number of shares underlying this option and (b) the difference between the merger consideration of \$2.92 per share and the exercise price per share of this option.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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