#### APFELBERG DAVID B

Form 4 May 21, 2010

### FORM 4

#### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

Persons who respond to the collection of

information contained in this form are not

required to respond unless the form

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

CUTERA INC [CUTR]

Symbol

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

1(b).

(Print or Type Responses)

APFELBERG DAVID B

1. Name and Address of Reporting Person \*

(Last)	(First) (M	liddle) 3. Date o	f Farliest Tr	ancaction			(Check an applicable)			
(Last) (1 list) (W		, 5.5 a.c	3. Date of Earliest Transaction (Month/Day/Year)				X Director 1		0% Owner	
1426 PITM	ANI ANE						A Officer (gi		ther (specify	
1420 P11 MI	05/19/2	05/19/2010				below) below)		ther (speerly		
	Λ If Am	4. If Amendment, Date Original				6 Individual or Joint/Group Filing/Cheek				
		, Company of the comp				6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
PALO ALTO, CA 94301										
PALO ALT	O, CA 94301						Person			
(City)	(State) (	(Zip) Tob	la I. Non D	Aorivotivo (	Socur	itios Ac	quired, Disposed	of or Ropofici	ally Owned	
•		- I an				iues Ac	quii eu, Disposeu	oi, of Benefici	any Owned	
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Year)	Execution Date, if					Securities	Form: Direct	Indirect	
(Instr. 3)				*	Beneficially Owned	(D) or	Beneficial			
		(Month/Day/Year)	(Instr. 8)	, , , , ,			Following	Indirect (I) (Instr. 4)	I) Ownership (Instr. 4)	
							Reported	(111511. 4)		
					(A)		Transaction(s)			
			C + V		or	ъ.	(Instr. 3 and 4)			
			Code V	Amount	(D) P	Price			D D '1	
									By David	
									B.	
									Apfelberg	
Common									and Susan	
	05/19/2010		A	6,211	A	\$0	26,211	I	M.	
Stock									Apfelberg	
									Living	
									Trust DTD	
									1-15-87	
									1-13-07	

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SEC 1474

(9-02)

### Edgar Filing: APFELBERG DAVID B - Form 4

## displays a currently valid OMB control

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

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactic Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
APFELBERG DAVID B 1426 PITMAN AVE. PALO ALTO, CA 94301	X						

# **Signatures**

/s/ David B. Apfelberg, M.D. 05/21/2010

\*\*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).

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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