

Ferrari H Daniel
 Form 4
 February 06, 2013

FORM 4

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

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Ferrari H Daniel

(Last) (First) (Middle)

C/O SOLTA MEDICAL,
 INC., 25881 INDUSTRIAL BLVD

(Street)

HAYWARD, CA 94545

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
 SOLTA MEDICAL INC [SLTM]

3. Date of Earliest Transaction
 (Month/Day/Year)
 02/04/2013

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___ 10% Owner
 Officer (give title below) ___ Other (specify below)
 Vice President of Finance

6. Individual or Joint/Group Filing(Check Applicable Line)
 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

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 Ownership (Instr. 4)
			Code	V	Amount (D) Price		
Common Stock	02/04/2013		A		50,000 (1)	A	\$ 0 189,403 D

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

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SEC 1474 (9-02)

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

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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 Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares
				Code V (A) (D)		Date Exercisable Expiration Date	Title	
Performance Restricted Stock Units	(2)	02/04/2013		A	40,000	(2) (2)	Common Stock	40,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Ferrari H Daniel C/O SOLTA MEDICAL, INC. 25881 INDUSTRIAL BLVD HAYWARD, CA 94545			Vice President of Finance	

Signatures

/s/ H. Daniel
Ferrari
Date: 02/06/2013

**Signature of Reporting Person

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).
- (1) Deemed acquired pursuant to a grant of restricted stock units. Each restricted stock unit represents a contingent right to receive one (1) share of issuer's common stock. The restricted stock units vest in three annual installments as follows: February 4, 2014, February 4, 2015 and February 4, 2016. Vested shares of the issuer's common stock will be delivered to the reporting person on each such date, provided the reporting person continues to provide services to the issuer as of each such dates.
- (2) Deemed acquired pursuant to a grant of performance restricted stock units. Each performance restricted stock unit represents a contingent right to receive one (1) share of issuer's common stock. The performance restricted stock units may be earned in annual installments based on the issuer's stock price performance over each of the three calendar years 2013, 2014 and 2015. Upon vesting, shares of the issuer's common stock will be delivered to the reporting person, provided the reporting person continues to provide services to the issuer as of such date.

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.