FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| shington, | D.C | . 2054 | 9 | | |
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| Vashington, | D.C. | 20549 | |
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| STATEMENT | OF | CHANGES | IN | BENEFICIAL | OWNERSHIP |
|-----------|----|----------------|----|-------------------|------------------|
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| 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

| Name and Address of Reporting Person* Patton Stephana Eilene | | | | 2. Issuer Name and Ticker or Trading Symbol CUTERA INC [CUTR] | | | | | | | elationship of ck all applica Director | ble) | Perso | 10% Ow | ner | | | | | | | |
|--|--|--|---|---|---|---|-----|---|---------|---|--|---|--|---|---------------------------------|--|----------|--|--|--|--|--|
| (Last) | F ΓERA, INC | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2024 | | | | | | | X | below) | give title Chief Leg | gal Of | Other (sp below) ficer | pecify | | | | | |
| 3240 BAYSHORE BLVD. | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | | | | |
| (Street) BRISBA | NE C | A | 94005 | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | ng | | | | | | |
| (City) | (S | tate) | (Zip) | | Rule | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | | |
| | Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction | | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | Execution Date, | | te, | e, Transaction Disposed Of Code (Instr. | | es Acquired (A) or Of (D) (Instr. 3, 4 and | | 5. Amount Securities Beneficial Owned Fo | Form: (D) or | | Direct Ir Indirect B tr. 4) C | . Nature of ndirect Beneficial Ownership | | | | | | | | |
| | | | | | | | | Code | V A | Amount | nt (A) or (D) | | Reported Transaction(s) (Instr. 3 and 4) | | | (1 | nstr. 4) | | | | | |
| | | | Table II - E | | | | | | | | | or Benef ole securi | | Owned | | | | | | | | |
| 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/Ye | Cod | Transaction Code (Instr. 8) Gerivative Securities Acquired (A) or Disposed | | | erivative curities equired (Month/Day/Year) equired (D) (Instr. Expiration Date (Month/Day/Year) of Securities Underlying Der Security (Instr. 4) | | | s Derivative | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | s Illy | Ownership of Form: I Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | Cod | e V | (A) | (D) | Date Exerc | cisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | | | | | |
| Stock Option (Right to Buy) | \$2.23 | 05/13/2024 | | A | | 55,000 | | (| (1) | 05/13/ | /2031 ⁽²⁾ | COMMON STOCK | 55,000 | \$0 | 110,00 | 00 | D | | | | | |

Explanation of Responses:

- 1. The stock options vest 1/48 per month from April 25, 2024, subject to the Reporting Person continuing to be a service provider of the Company.
- 2. The expiration date is subject to earlier expiration upon the termination of the Reporting Person's service with the Company.

Remarks:

/s/ Stephana Patton

05/14/2024

** 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.