

OMB APPROVAL	
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>DP VIII Associates, L.P.</u> <hr/> (Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC 202 CARNEGIE CENTER, SUITE 104 <hr/> (Street) PRINCETON NJ 08540 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/03/2019	3. Issuer Name and Ticker or Trading Symbol <u>Alliqua BioMedical, Inc. [ADYX]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/>	5. If Amendment, Date of Original Filed (Month/Day/Year) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	22,527	D ⁽¹⁾	

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person* <u>DP VIII Associates, L.P.</u> <hr/> (Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC 202 CARNEGIE CENTER, SUITE 104 <hr/> (Street) PRINCETON NJ 08540 <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>BLAIR JAMES C</u> <hr/> (Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC 202 CARNEGIE CENTER, SUITE 104 <hr/> (Street) PRINCETON NJ 08540 <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person*		
<u>TREU JESSE I</u>		
(Last)	(First)	(Middle)
C/O DOMAIN ASSOCIATES, LLC 202 CARNEGIE CENTER, SUITE 104		
(Street)		
PRINCETON	NJ	08540
(City) (State) (Zip)		
1. Name and Address of Reporting Person*		
<u>DOVEY BRIAN H</u>		
(Last)	(First)	(Middle)
C/O DOMAIN ASSOCIATES, LLC 202 CARNEGIE CENTER, SUITE 104		
(Street)		
PRINCETON	NJ	08540
(City) (State) (Zip)		
1. Name and Address of Reporting Person*		
<u>VITULLO NICOLE</u>		
(Last)	(First)	(Middle)
C/O DOMAIN ASSOCIATES, LLC 202 CARNEGIE CENTER, SUITE 104		
(Street)		
PRINCETON	NJ	08540
(City) (State) (Zip)		
1. Name and Address of Reporting Person*		
<u>Halak Brian K</u>		
(Last)	(First)	(Middle)
C/O DOMAIN ASSOCIATES, LLC 202 CARNEGIE CENTER, SUITE 104		
(Street)		
PRINCETON	NJ	08540
(City) (State) (Zip)		

Explanation of Responses:

1. The securities reported as directly beneficially owned by the designated Reporting Person may be deemed to be indirectly beneficially owned by each of the Reporting Owners listed below, each of whom is a managing member of One Partner Square Associates VIII, LLC, the sole general partner of the designated Reporting Person. Pursuant to Instruction 5(b)(iv) of Form 3, each such individual has elected to report as indirectly beneficially owned the entire number of securities owned by the designated Reporting Person, however each of them disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his or her pecuniary interest therein and/or that are not actually distributed to him or her.

Remarks:

/s/ Lisa A. Kraeutler, as
Attorney-in-Fact for DP VIII
Associates, L.P., J. Blair J. 05/13/2019
Treu, B. Dovey, N. Vitullo and
B. Halak

** 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 5 (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.