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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
ours per respons	e 0.5				

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### STATEMENT OF CHANGES IN 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

(Print or Ty	pe Response	es)												
1. Name and Address of Reporting Person * Plexico Jon M			2. Issuer Name <b>and</b> Ticker or Trading Symbol VIVEVE MEDICAL, INC. [VIVE]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) 150 COMMERCIAL STREET			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2017							r (give title belo		Other (specify l	pelow)	
(Street) SUNNYVALE, CA 94086			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City		(State)	(Zip)	Tal	ole I - Non	-Deri	vative Se	ecurities	Acqui	red, Disp	osed of, or	Beneficially	Owned	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			2A. Deemed Execution Date, it any (Month/Day/Year	f Code (Instr. 8)		1 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	dd 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
					Code	V	Amoun	(A) or (D)	Price	(I)		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common	Stock		05/17/2017		A		1,592 (1)	A	\$ 0	3,501			D	
Common	Stock									3,849,71	1		I	See (2) (3)
Reminder: indirectly.	Report on a	separate line fo	or each class of secu	urities beneficially	owned dire	ctly o	r							
muncetry.						cont	ained in	this fo	rm are	e not req	uired to re	formation spond unl	ess	EC 1474 (9- 02)
				Derivative Securiti 2.g., puts, calls, wa							l			
Security	Conversion	3. Transaction Date (Month/Day/\)	3A. Deemed Execution Da	4. Transaction Code Year) (Instr. 8)	5. Numbe of	and Expiration Date (Month/Day/Year)  Compared to the compared		7. Ta	itle and ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Ownership (Instr. 4) Cot	
				Code V	(A) (D)	Date Exe		Expiratio Date	n Title	Amount or Number of Shares				
Repor	ting ()	wners												

Barrella Carrell Name (Addison	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Plexico Jon M 150 COMMERCIAL STREET SUNNYVALE, CA 94086	X	X					

# **Signatures**

/s/ Jim Robbins, as Attorney-in-Fact	05/19/2017
**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).
- The reporting person is a participant in the Issuer's Amended and Restated 2013 Stock Option and Incentive Plan (the "Plan") and received a restricted stock award of (1) 1,592 shares of common stock on May 17, 2017 (the "Grant Date"). The restricted stock award vested in the full on the Grant Date.
- (2) Directly beneficially owned by Stonepine Capital, L.P.

(3) Capital Management, LLC and may be deemed to have shared voting and investment power over the shares beneficially owned by Stonepine Capital, L.P. Each of Stonepine Capital Management, LLC, Mr. Plexico and Mr. Lynch disclaims beneficial ownership of such shares except to the extent of its or his pecuniary interest therein.

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.