FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average	burden				
hours per response	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

1. Name and Address of Reporting Person* Bodnar Gregg R (Last) (First) (Middle) 1000 REMINGTON BLVD.,, SUITE 120 (Street) BOLINGBROOK, IL 60440			2. Issuer Name and Ticker or Trading Symbol Ulta Salon, Cosmetics & Fragrance, Inc. [ULTA] 3. Date of Earliest Transaction (Month/Day/Year)					TA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below)					
				09/13/2011				L	Chief Financial Officer					
			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				ne)	
(Cit		(State)	(Zip)			Table	I - Non-Deri	vative Securitie	s Acquire	ed, Disposed	of, or Bene	ficially Own	ed	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if		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)		eneficially d	6. Ownership Form:	7. Nature of Indirect Beneficial Ownership		
						Co	de V A	mount (A) or (D)	Price	(I)		(Instr. 4)		
							in this f	s who respon orm are not r	equired t	to respond	unless the			
			Table II -	Derivati	ive Securi	ies Acc	in this f		equired t valid OM	to respond IB control n	unless the			
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	5. Nu of De Secur Acqu or Dis of (D	mber rivative ities ired (A)	in this idisplay quired, Dispos, options, co 6. Date Exertic Expiration in (Month/Data)	orm are not rest a currently seed of, or Benearly reisable and Date	equired t valid OM eficially O ities)	to respond IB control n Dwned and Amount clying	unless the umber. 8. Price of	9. Number of Derivative Securities Beneficially Owned Following	Owners Form of Derivati Security Direct (1	Beneficia Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	5. Nu of De Secur Acqu or Di	mber rivative ities red (A) sposed	in this the display quired, Dispose, options, co 6. Date Exe Expiration (Month/Day) Date Exercisable	orm are not rest a currently vessed of, or Benearertible securicisable and Date very vessel (y/Year)	equired to valid OMI eficially Orities) 7. Title an of Underly Securities	to respond IB control n Dwned and Amount clying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned	Owners Form of Derivati Security Direct (I or Indire	nip of Indire Beneficia Ownersh (Instr. 4)

Reporting Owners

P (1 0 N /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Bodnar Gregg R 1000 REMINGTON BLVD., SUITE 120 BOLINGBROOK, IL 60440			Chief Financial Officer		

Signatures

/s/ Robert S. Guttman, as attorney-in-fact for Gregg R. Bodnar	09/15/2011
**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).
- (1) The options reported vest 25% on each anniversary date of the 09/13/2011 grant 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.