FORM 4

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

OMB APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
-	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	5)												
1. Name and Address of Reporting Person *- GUTTMAN ROBERT S			2. Issuer Name and Ticker or Trading Symbol Ulta Salon, Cosmetics & Fragrance, Inc. [ULTA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 1000 REMINGTON BLVD., SUITE 120			` ′	3. Date of Earliest Transaction (Month/Day/Year) 09/13/2011					X Officer (give title below) Other (specify below) SVP, General Counsel & Secr.					
(Street) BOLINGBROOK, IL 60440			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu				es Acquire	lired, Disposed of, or Beneficially Owned						
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	any		tte, if Code (A) or Disposed of (D) Owned Following Reported (Instr. 8) (Instr. 3, 4 and 5) Transaction(s)		Owned Following Reported Transaction(s)		Owned Following Reported Ownership of Form: Be unstant 3 and 4) Ownership of Form: Be unstant 3 and 4)		Ownership of Indire Form: Benefici		
						Co	de V A	V Amount (A) or (D)					I) Instr. 4)	
Reminder:	Report on a	separate line for each	h class of securities	beneficia	ny owned	mecny	Persons in this f	s who respon orm are not r	equired to	respond	unless the		ed SEC 14	74 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., pu 4. Transac	ive Securits, calls, w	ies Acc arrants mber rivative	Personsin this findisplays quired, Dispos, options, colors, c	s who respon form are not r is a currently used of, or Bend invertible secur reisable and Date	equired to valid OME eficially Ov ities)	o respond 3 control n wned	unless the number.	9. Number of Derivative	f 10. Ownership	11. Natur
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivati (e.g., pu 4. Transac Code	5. Nu tion of De Securi Acqu or Di of (D	ies Accarrants mber rivative ities gred (A) sposed 3, 4,	Persons in this f displays quired, Dispos, options, color 6. Date Exe Expiration I (Month/Day	s who respon form are not r is a currently used of, or Bend invertible secur reisable and Date	equired to valid OME eficially Ovities) 7. Title an	o respond 3 control r vned d Amount ying	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., pu 4. Transac Code	ive Securits, calls, w tion of De Security Acqu or Di of (D	ies Accarrants mber rivative ities red (A) sposed 3, 4,	Personin this f display: quired, Dispos, options, coi 6. Date Exe Expiration I (Month/Day) Date Exercisable	s who responderm are not rest a currently resed of, or Benearer reisable and Date responder.	equired to valid OME eficially Ovities) 7. Title ar of Underly Securities	o respond 3 control r vned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu of Indire Benefici Ownersl (Instr. 4)

Reporting Owners

P (1 0 N /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
GUTTMAN ROBERT S 1000 REMINGTON BLVD. SUITE 120 BOLINGBROOK, IL 60440			SVP, General Counsel & Secr.		

Signatures

/s/ Robert S. Guttman	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.