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

Check this box if no 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

	pe Response														
Name and Address of Reporting Person* DiRomualdo Robert F			2. Issuer Name and Ticker or Trading Symbol Ulta Salon, Cosmetics & Fragrance, Inc. [ULTA]						_X_ Direc	(Che	orting Perso eck all applic w)				
			3. Date of Earliest Transaction (Month/Day/Year) 05/31/2012												
			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)	(Zip)		Ta	ble I - No	n-Deri	ivative S	ecurities	Acqui	red, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Common Stock 05/31/2012		Date			ate, if	Code (Instr. 8)				of (D)	Beneficia Reported	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
			(Month/Day/Ye		Code	V	Amoun	(A) or (D)	Price	(msu. 3 a	na 4)		or Indirect (I) (Instr. 4)		
				Α		952	A	\$ 0	667,537	•	Γ	D			
		separate line fo	or each class of secur	l rities beneficia	lly ow	<u> </u>	Perso	ndirectly	o respo		the collec	ction of inf			1474 (9-02)
		separate line fo	or each class of secur Table II - 1	Derivative Se	curiti	vned direc	Perso conta the fo	ndirectly ons who ained in orm dis	o respo this for plays a	rm are currer eficiall	the collect not requ ntly valid	ction of inf uired to res OMB conf	ormation spond unle trol numbe	ss	1474 (9-02)
Reminder:		3. Transactio	Table II - 1 n 3A. Deemed Execution Da year)		curition 1	es Acquir	Persoconta the for ed, Dis- otions, 6. Da and E (Mon	ndirectly ons who ained in orm dis	o respo this for plays a of, or Ben ible secu	rm are currer reficiall rities) 7. Ti Amo	the collect not requ ntly valid	ction of infuired to res OMB conf	spond unle	of 10. Owners Form of Derivat: Security Direct (or Indir	11. Nat of Indin Benefit Owners (Instr. 4

Reporting Owners

D 4 0 V /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DiRomualdo Robert F 1000 REMINGTON BLVD., SUITE 120 BOLINGBROOK, IL 60440	X					

Signatures

/s/ Robert S. Guttman, as attorney-in-fact for Robert F. DiRomualdo	06/01/2012	
**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).

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.