## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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	s)													
1. Name and Address of Reporting Person* MacDonald Michael R			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)  _X_ Director Officer (give title below) Other (specify below)					
			3. Date of Earliest Transaction (Month/Day/Year) 06/13/2014												
BOLING	BROOK,	(Street) IL 60440		4. If Amendmen	nt, Da	te Origi	nal Fil	ed(Montl	n/Day/Year)		_X_ Form fil	ed by One Repo	Group Filing orting Person One Reporting	•	le Line)
(City	)	(State)	(Zip)		Table	e I - Nor	-Deri	vative S	Securities	Acqu	ired, Disp	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		e, if (	(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D) Benefic Reporte		ount of Securities icially Owned Following ted Transaction(s)		Ownership Form:	Beneficial
				(Month/Day/Ye	ear)	Code		Amour	ount (A) or (D) Pri		(Instr. 3 a	and 4)		\ /	Ownership (Instr. 4)
Common	Stock		06/13/2014			A		1,157	A	\$ 0	2,583			D	
				Derivative Secu		Acquire	the fo	orm dis	splays a o	curre eficial	ntly valid	OMB conf	spond unle rol numbe		
Security	2. Conversion or Exercise Price of Derivative Security	e (Month/Day	n 3A. Deemed Execution Da	4. Transaction Code	5. Number of		6. Da	ate Exercisable Expiration Date nth/Day/Year)		7. T Am	itle and ount of lerlying	Derivative Security (Instr. 5)	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	of 10. Ownersl Form of	11. Natur
			(	(msu. o)	Sec Ac (A) Dis of (In	curities quired ) or sposed (D) str. 3,					urities tr. 3 and	(Instr. 5)	Owned Following Reported Transaction	Security Direct (I or Indire	Beneficial Ownersh (Instr. 4)

### **Reporting Owners**

D 4: 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MacDonald Michael R 1000 REMINGTON BLVD. SUITE 120 BOLINGBROOK, IL 60440	X					

#### **Signatures**

/s/ Robert S. Guttman, as attorney-in-fact for Michael R. MacDonald	06/17/2014	
**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.