FORM 4

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

OMB APPROVAL
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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

| (Print or Ty | pe Response | s) | | | 1 | | | | | | | | | | | | | | |
|---|-------------------------|---------|------------------------------|--|---|------------------------|-----------------------|---|-------|---|--|------------------------|--------------------------|---|--|---|--|---|------------|
| 1. Name and Address of Reporting Person * MRKONIC GEORGE R JR | | | | 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) | | | | | w) | | | |
| (Last) (First) (Middle) 1000 REMINGTON BLVD., SUITE 120 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2015 | | | | | | | | | | | | | | | |
| (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) | | | Ta | able I | - Non | ı-Deri | ivative : | Securities | Acqu | iired, Disp | osed of, or I | Beneficially | Owned | | |
| 1.Title of Security (Instr. 3) | | Date | ransaction enth/Day/Year) | Exec | a. Deemed secution Date, y Month/Day/Yea | | if Code (Instr. 8) | | ction | 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficia | ially Owned Following d Transaction(s) | | | ship of | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | (Monus Day) 1 ea | | i Cai | | ode | V | V Amount (A) or (D) Pri | | Price | | | | | (Instr. 4) | |
| Common | Common Stock 09/15/2015 | | | 15/2015 | | | | | A | | 482 | L) A | \$ 0 | 482 | | | D | | |
| | | | | Table II - I | | | | | quire | conta the fo | ained i orm dis | n this for splays a | rm ar curre | e not requently valid | ction of inf uired to res OMB conf | spond unle | ess | SEC 14 | 74 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | | | Execution I Year) any | 3A. Deemed Execution Dat | te, if | 4. Transact Code | ion | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. T Am Une Sec | ritle and nount of derlying purities str. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ow For Der Sec Dir or I | rnership m of rivative curity: ect (D) indirect str. 4) | (Instr. 4) |
| | | | | | | Code | v | (A) | (D) | Date Exer | | Expiratio Date | n Titl | Amount or Number of Shares | | | | | |

Reporting Owners

| D (O N (| Relationships | | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| MRKONIC GEORGE R JR 1000 REMINGTON BLVD. SUITE 120 BOLINGBROOK, IL 60440 | X | | | | | | | |

Signatures

| /s/ Jodi J. Caro, as attorney-in-fact for George R. Mrkonic | 09/17/2015 |
|---|------------|
| **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) Represents grant of 482 shares of restricted stock, vested 100% on 6/3/2016.

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.