FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* GOLDFISCHER CARL					2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ETRM]								(Che	5. Relationship of Reporting Person(s) to Is (Check all applicable) X Director 10% C						
(Last) (First) (Middle) 2800 PATTON ROAD				3. Date of Earliest Transaction (Month/Day/Year) 05/25/2017									_	er (give title	е					
(Street) ST. PAU			55113 			4. If Amendment, Date of Original Filed (Month/Day/Year) 05/26/2017									Forn	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(- 9)				on Deriv	rative	Soc	uritio	Α.C.	auiro	1 Di	enoced o	of or E	Ronof	cially	, Own					
1. Title of Security (Instr. 3) 2. Tra			2. Transa	ction 2/ Exay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 5)			or 5. Amo and Securi Benefi Owned		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	Prie	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock				05/25/	5/25/2017				S		4,571 ⁽²⁾	D \$4.8		.85(1)	0				See footnote. ⁽³⁾	
Common Stock				05/25/	05/25/2017				S		97 ⁽²⁾ D		\$4	.85 ⁽¹⁾	0				See footnote. ⁽⁴⁾	
		Та	ıble II -								osed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transacti Code (Ins				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title Amour Securi Under Deriva Securi and 4)	nt of ties lying tive ty (Instr	3 De Se	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	i lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amou or Numb of Shares	er						

Explanation of Responses:

- 1. The price reported is the weighted average sale price for the transactions reported. The prices received ranged from \$4.75 to \$5.00. The Reporting Person will provide to the issuer, a security holder of the issuer, or the SEC staff, upon request, full information regarding the number of shares sold at each price within the range.
- 2. This amendment is filed to correct the transaction code to note that shares sold were disposed of rather than acquired.
- 3. Represents shares held by Bay City Capital Fund IV, L.P. ("Fund IV"), including the shares held by Dr. Goldfischer; and indirect interests of Bay City Capital LLC ("BCC"), the manager of Bay City Capital Management IV LLC ("Management IV"), and Management IV, the general partner of Fund IV. Dr. Goldfischer is Managing Director of BCC. Dr. Goldfischer, BCC and Management IV each disclaims beneficial ownership in such shares, except to the extent of their pecuniary interest therein.
- 4. Represents shares held by Bay City Capital Fund IV Co-Investment Fund, L.P. ("Co-Investment IV"), including the shares held by Dr. Goldfischer; and indirect interests of BCC, the manager of Management IV, and Management IV, the general partner of Co-Investment IV. Dr. Goldfischer, BCC and Management IV each disclaims beneficial ownership in such shares, except to the extent of their pecuniary interest therein.

<u>Carl Goldfischer by Scott P.</u> <u>Youngstrom, Attorney in Fact</u>

05/30/2017

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.