FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	SES IN BE	NEFICIAL (OWNERSH	ΙP

OMB APPRO	VAL
OMB Number:	3235-0287
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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 or Section 30(h) of the Investment Company Act of 1940

							` '	,			. ,									
1. Name and Address of Reporting Person* GRIFFIN BOBBY IVAN				2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ETRM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
OIGIT	пу вовг	<u>JI IVAIN</u>							_	_				2	Director			10% Ov	vner	
(Last) (First) (Middle) 2800 PATTON ROAD				3. Date of Earliest Transaction (Month/Day/Year) 05/05/2011									Officer (below)	give title		Other (s below)	specify			
					 	If Am	ondmont	Date	of Original E	ilod (Month/Do	w/Voor		6 In	dividual or 1	nint/Croup	Eiling	(Chock Apr	licable	
(Street)			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person								
ST. PAU	L M	ÍN ————————————————————————————————————	55113		_								Form filed by More than One Reporting Person							
(City)	(S	State)	(Zip)																	
		Ta	able I - Nor	n-Deriv	vati	ve S	ecuritie	es A	cquired, I	Disp	osed o	of, or	Bene	ficially	Owned					
		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (II	e, Transaction Disposed Code (Instr. 5)		ities Acquired (A) o			5. Amoun Securities Beneficial Owned Fo	i lly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount		A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock														54,960 ⁽³⁾		D			
									quired, Di						Owned					
1 Title of	2.	3. Transaction	3A. Deemed	(e.g., p	•	s, cai			· ·			_			8. Price of	0 Numb	or of	10.	11. Nature	
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution D	ate, Tran	ransa ode (action (Instr.	of Ex		Expiration D	Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amor of Securities Underlying Deriv Security (Instr. 3 4)		erivative	Derivative Security (Instr. 5)			Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisable		cpiration ate	Title	Nι	nount or imber of ares						
Stock Option (right to buy)	\$11.46 ⁽³⁾								09/29/2007 ⁽¹	09	9/29/2016	Comn		,157 ⁽³⁾		9,157	(3)	D		
Stock Option (right to buy)	\$11.46 ⁽³⁾								09/29/2007 ⁽¹⁾	09	9/29/2016	Comn		3,315 ⁽³⁾		18,315 ⁽³		D		
Common Stock Warrant	\$8.28 ⁽³⁾								08/24/2009	02	2/24/2013	comm		7,182 ⁽³⁾		17,182 ⁽³⁾		D		
Stock Option (right to buy)	\$48.01 ⁽³⁾								03/25/2008 ⁽²⁾	03	3/25/2018	Comn Stoc		,166 ⁽³⁾		4,166	(3)	D		
Stock Option (right to buy)	\$11.58 ⁽³⁾								05/05/2009 ⁽²	05	5/05/2019	comm		,666 ⁽³⁾		1,666	(3)	D		
Stock Option (right to buy)	\$2.52 ⁽³⁾								05/06/2010 ⁽²	05	5/06/2020	Comn		,666 ⁽³⁾		1,666	(3)	D		
Stock Option (right to	\$2.63	05/05/2011			A		10,000		05/05/2011 ⁽²⁾	05	5/05/2021	Comn		0,000	\$2.63	10,00	00	D		

Explanation of Responses:

- 1. Vests 25% on the first anniversary of the date of grant and 1/36th per month for 36 months thereafter, beginning the date shown.
- $2. \ Immediately \ vests \ as \ to \ 25\% \ on \ date \ noted \ and \ thereafter \ in \ cumulative \ installments \ of \ 1/36th \ per \ month.$
- 3. On July 9, 2010, EnteroMedics Inc. effected a 1-for-6 reverse stock split of its issued and outstanding shares of common stock, par value \$0.01 per share, resulting in a proportional decrease in the total shares of common stock beneficially owned by the reporting person, all previously reported exercise prices, option grants and similar instruments convertible into common stock were proportionally adjusted to reflect the reverse split.

Remarks:

buy)

THIS FILING REFLECTS THE POST SPLIT NUMBERS OF ALL SHARES, OPTIONS AND SIMILAR INSTRUMENTS HELD BY THE REPORTING PERSON AS PREVIOUSLY REPORTED (SEE FOOTNOTE (3)).

/s/ Mark B. Knudson, Attorney in Fact for Bobby Ivan Griffin

05/09/2011

** 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.	