FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ion 16. Form 4 or Form 5
gations may continue. See

Whitebox L/S Equity Partners LP

(First)

3033 EXCELSIOR BOULEVARD, SUITE 300

(Middle)

(Last)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

Footnote⁽³⁾

Footnote⁽³⁾

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Section obligat	this box if no long 16. Form 4 or ions may contition 1(b).	onger subject to r Form 5 nue. See	STA		ed purs	suant	t to S	Sectio	n 16(a) of the S	Securi	NEFICIA ties Exchangempany Act	ge Act o	of 1934	ERS	SHIP	E		nber: d average bur response:	3235-028 den 0
1. Name and Address of Reporting Person* WHITEBOX ADVISORS LLC						2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ETRM]										elationshi eck all app Dired	olicable)	Reporting Person(s) to Issuer le) X 10% Owner		
(Last) (First) (Middle) 3033 EXCELSIOR BOULEVARD, SUITE 300					3. Date of Earliest Transaction (Month/Day/Year) 09/23/2011									Officer (give title X Other (specify below) See Remarks Below						
,	APOLIS M		55416		4. 1	If Am	end	ment,	Date o	of Origina	al File	d (Month/Da	ay/Year))	Line	e) Forn	n filed by n filed by	One R	lling (Check eporting Per han One Re	rson
(City)	(5		(Zip) Ie I - N o	n-Deriv	vativ	e Se	-CII	ıritie	s Ac	quired	Dis	sposed o	f or F		iciall	v Own	ed he			
1. Title of	Security (Ins			2. Transa Date (Month/E	action	ur) if	2A. D Exec f any	Deeme cution y	ed	3. Transa	ction	4. Securitie Disposed (5)	es Acqu	ired (A)	or	5. Amou Securiti Benefic Owned	unt of ies ially Following	For (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature Indirect Beneficial Ownershi
										Code	v	Amount	(A) (D)	or Pr	ice	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Common	Stock			04/16	5/2012					S		14,339	Г	\$	32.35	2,50	02,532		I ⁽¹⁾⁽²⁾	See Footnote
Common Stock 04/17/20							S		11,100	1		32.36		2,491,432		I ⁽¹⁾⁽²⁾	See Footnote			
		Ta	able II -									osed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversior or Exercise Price of Derivative Security		n Date Exe e (Month/Day/Year) if a		med on Date, Day/Year)	4. Trans Code 8)		on of		6. Date Exercisa Expiration Date (Month/Day/Yea		te	Amount Securitic Underlyi Derivativ Security and 4)		r. 3	. Price of lerivative lecurity nstr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng ed etion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Ownersh t (Instr. 4)	
					Code	v		(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					
1		Reporting Person*																		
(Last) 3033 EX	CELSIOR	(First) BOULEVARD,	•	ddle) 300																
(Street)	APOLIS	MN	554	4 16																
(City)		(State)	(Zip)																
1		Reporting Person* -Strategy Part		<u>P</u>																
(Last) 3033 EX	CELSIOR	(First) BOULEVARD,	•	ddle) 300																
(Street)	APOLIS	MN	554	416																
(City)		(State)	(Zip)																
1. Name a	nd Address of	Reporting Person*																		

,								
(Street) MINNEAPOLIS	MN	55416						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* Pandora Select Partners, L.P.								
(Last) 3033 EXCELSIOR	(First) BOULEVARD, SUI	(Middle) TE 300						
(Street) MINNEAPOLIS	MN	55416						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* HFR MASTER TRUSTS								
(Last) 65 FRONT STREE	(Middle)							
(Street) HAMILTON HM 11	D0							
(City)	(State)	(Zip)						
Name and Address of Reporting Person* KOHLER GARY S								
(Last) (First) (Middle) 3033 EXCELSIOR BOULEVARD, SUITE 300								
(Street) MINNEAPOLIS	MN	55416						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. Shares acquired are held directly by Whitebox Multi-Strategy Partners, L.P. ("WMSP"), Whitebox L/S Equity Partners, L.P. ("WLSEP"), Pandora Select Partners, L.P. ("PSP"), and HFR RVA Combined Master Trust ("HFR").
- 2. The general partner of , WMSP is Whitebox Multi-Strategy Advisors, LLC ("WMSA"), WISEP is Whitebox L/S Equity Advisors, LLC ("WLSEA"), and PSP is Pandora Select Advisors, LLC ("PSA"). The managing member and controlling owner of WMSA, WLSEA, and PSA is Whitebox Advisors, LLC ("WA"). WA is the investment manager authorized and appointed as HFR's agent and attorney-in-fact with the power to direct the affairs of HFR including the power to vote and dispose of the shares of Common Stock held by HFR and decision-making power with respect to the disposition of the proceeds from the sale of such Common Stock
- 3. Shares attributable to interests held by WA as Managing Member of WMSA, WLSEA, and PSA, which act as General Partners of WMSP, WLSEP, and PSP which directly hold the shares and as Investment Adviser to HFR.

Remarks:

Based on the relationships described in notes (1),(2),(3), and (4) the entities referenced therein may be deemed to constitute a group for purposes of Rule 13d-5(b)(1) under the Securities and Exchange Act of 1934. The filing of this statement shall not be construed as an admission that WA, WMSA, WMSP, WSCLSEA, WSCLSEP, PSA, PSP, and HFR are a group, or have agreed to act as a group. WA, WMSA, WMSP, WLSEA, WLSEP, PSA, PSP, and HFR, each disclaim beneficial ownership of the shares of common stock reported herein except to the extent of their pecuniary interest in such shares. Note (4) Previous filings included common stock beneficially attributable to Gary Kohler who may have been deemed part of a group of entities as described in Notes (1), (2), and (3) above for purposes of Rule 13d-5(b)(1) under the Securities and Exchange Act of 1934. Gary Kohler can no longer be deemed an affiliate of WA and can therefore no longer be deemed part of the group described above. Common stock attributable to Gary Kohler will not be included on subsequent Section 16 filings made by WA for EnteroMedics, Inc.

/s/ Jonathan D. Wood, Jonathan Wood/COO

** 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.