FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB AP	PROVAL
OMB Number:	3235-0287
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0.5

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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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* GOLDFISCHER CARL					2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ETRM]								Check a		p of Reportin blicable)		. ,			
(Last)	(First) (Middle)				3 5	2. Date of Fadioat Transaction (Manth/Dav/Mant)							\dashv	X		er (give title	2		(specify	
BAY CITY CAPITAL LLC					3. Date of Earliest Transaction (Month/Day/Year) 02/29/2008											,		,		
750 BATTERY STREET				<u> </u>																
(Street) SAN FRANCI	SCO CA	A 9	94111		4. 11	4. If Amendment, Date of Original					nal Filed (Month/Day/Year)					dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Zip)																	
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	efici	ally C	wne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				4 and Securities Beneficial		ties cially I Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount		A) or D)	Price	rian Tran		action(s) 3 and 4)			(111511.4)		
Common Stock 02/29			/2008	2008		P		20,557		A	\$8.66		2,600,450			I	See below ⁽¹⁾			
Common Stock 02/2			02/29)/2008				P		433		A	\$8	.66 56,0		6,051		I	See below ⁽²⁾	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year			3A. Deem Execution if any (Month/Da	n Date, Transaction Code (Ins			on of Derivative (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiratio	6. Date Exercisable and Expiration Date Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	nt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Exercisa		Date	Title		res						

Explanation of Responses:

1. Represent shares held by Bay City Capital Fund IV, L.P.("Fund IV"); 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.

2. Represent shares held by Bay City Capital Fund IV Co-Investment Fund, L.P. ("Co-Investment IV"); and indirect interests of BCC, the manager of Management IV, and Management IV, the general partner of Co-Investment 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.

/s/ Carl Goldfisher 03/04/2008

** 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.