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

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report: August 11, 2011
(Date of earliest event reported)

ENTEROMEDICS INC.

(Exact name of registrant as specified in its charter)

Commission File Number: 1-33818

Delaware	**48-1293684**
(State or other jurisdiction of incorporation)	**(IRS Employer Identification No.)**

2800 Patton Road, St. Paul, Minnesota 55113
(Address of principal executive offices, including zip code)

(651) 634-3003
(Registrant's telephone number, including area code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01 Regulation FD Disclosure

As previously announced, at 9:00 a.m. Eastern Time on August 11, 2011, Mark B. Knudson, Ph.D., President and Chief Executive Officer of EnteroMedics Inc. (the "Company"), presented an overview of the Company and an update on its VBLOC® vagal blocking therapy development program at the Canaccord Genuity Annual Growth Conference in Boston, Massachusetts. This presentation was simultaneously webcast live on the Company's website at www.enteromedics.com. A replay of the webcast of the presentation will be available on the Company's website at www.enteromedics.com for approximately 30 days. A copy of the slides for this presentation are furnished as Exhibit 99.1 to this Current Report on Form 8-K and are incorporated herein by reference.

The information furnished herewith pursuant to Item 7.01 of this Current Report and in Exhibit 99.1 hereto is being "furnished" in accordance with General Instruction B.2 of Form 8-K and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed to be incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, whether made before or after the date hereof, regardless of any general incorporation language in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	EnteroMedics Canaccord Genuity Presentation slides, dated August 11, 2011.

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ENTEROMEDICS INC.

By: /s/ Greg S. Lea
Greg S. Lea
Senior Vice President and
Chief Financial Officer

Date: August 11, 2011

EXHIBIT INDEX

Exhibit No.	Description
99.1	EnteroMedics Canaccord Genuity Presentation slides, dated August 11, 2011.

Exhibit 99.1

EnteroMedics™

ORCHESTRATING OBESITY SOLUTIONS

Canaccord Genuity Presentation
August 11, 2011

Safe Harbor Statement

This presentation contains forward-looking statements about EnteroMedics Inc. Our actual results could differ materially from those discussed due to known and unknown risks, uncertainties and other factors including our limited history of operations; our losses since inception and for the foreseeable future; our lack of regulatory approval for our Maestro® System for the treatment of obesity; our preliminary findings from our EMPOWER™ pivotal trial; our ability to comply with the NASDAQ continued listing requirements; our ability to commercialize our Maestro System; our dependence on third parties to initiate and perform our clinical trials; the need to obtain regulatory approval for any modifications to our Maestro System; physician adoption of our Maestro System and VBLOC® vagal blocking therapy; our ability to obtain third party coding, coverage or payment levels; ongoing regulatory compliance; our dependence on third party manufacturers and suppliers; the successful development of our sales and marketing capabilities; our ability to raise additional capital when needed; international commercialization and operation; our ability to attract and retain management and other personnel and to manage our growth effectively; potential product liability claims; potential healthcare fraud and abuse claims; healthcare legislative reform; and our ability to obtain and maintain intellectual property protection for our technology and products. These and additional risks and uncertainties are described more fully in the Company's filings with the Securities and Exchange Commission, particularly those factors identified as "risk factors" in our Annual Report on Form 10-K filed with the Securities and Exchange Commission on March 7, 2011. We are providing this information as of the date of this presentation and do not undertake any obligation to update any forward-looking statements contained in this document as a result of new information, future events or otherwise.

EnteroMedics

- Leader in neuroblocking with strong IP
- Data in >400 patients support VBLOC therapy as safe and effective in obesity. Promising results in type 2 diabetes
  - Clinically significant weight loss
  - Improvement in glycemic control
  - Reduction in blood pressure in hypertensive patients
  - Excellent safety, including cardiac
- ReCharge Pivotal Trial underway and enrolling
  - FDA encouragement to file IDE
  - High investigator enthusiasm
- Commercialization process started in Europe and Australia
  - CE Mark

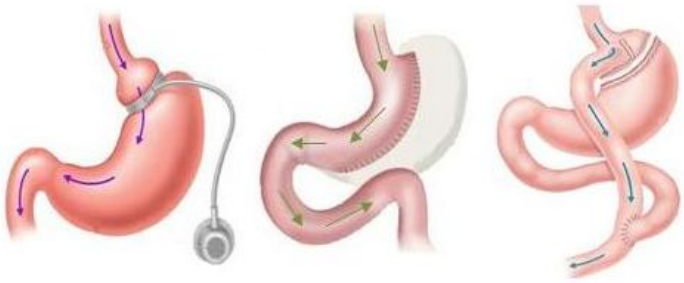
The Obesity Epidemic in the US

- 1/3 of US adults are obese
  - More than 72 million people in the US (Body Mass Index "BMI" ≥30)
  - 1 in 8 deaths in the US are caused by an overweight/obesity related illness
  - CDC estimates an overall economic cost of obesity of approximately $150 billion
- Approximately 26 million surgical candidates in the US (BMI>35)
- About 1% of eligible patients seek surgery
  - 220,000 bariatric procedures completed in the US in 2010
    - Bypass accounts for about 55% of these procedures
- High priority for US government and major strategic players

Current Treatments

Pharmaceuticals — **Bariatric Surgery**

Less Invasive → **More Invasive**



- Serious safety concerns, esp. cardiac
- Adverse side-effects
- Less effective for morbid obesity
  - Limited weight loss
  - Unsustained effect
- Duration of use restrictions

- Bypass & sleeve surgery irreversible and risky
- All result in long-term complications and major lifestyle changes, e.g., dietary restrictions and nutritional deficiencies
- Adjustable gastric bands have added long-term follow-up burdens (e.g. vomiting, quarterly adjustments)

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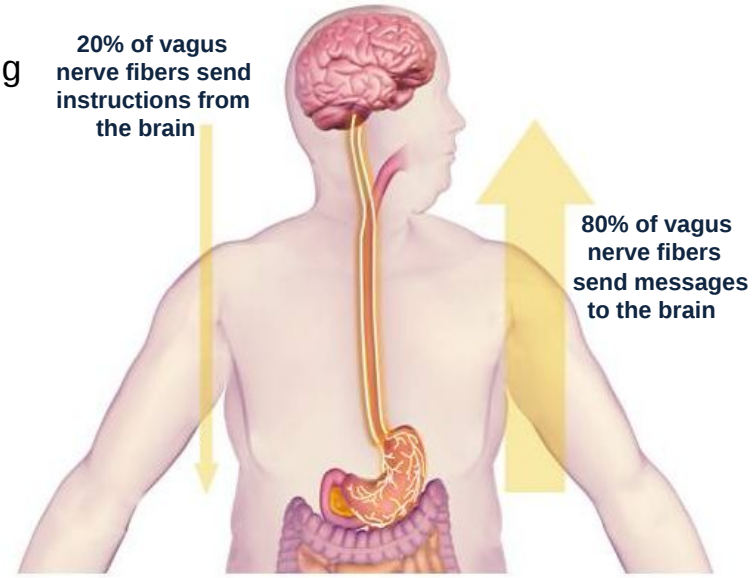
Role of the Vagus Nerve

- Vagus nerve controls:
  - Sensation of hunger
  - Expansion, fullness and emptying of stomach
  - Digestive enzyme secretion
- Severing the vagus nerve (vagotomy) causes:
  - Reduced appetite
  - Delayed stomach emptying
  - Prevention of weight gain
- The effects of vagotomy are not sustainable
  - The problem —accommodation, or “work around”, of permanent interruption
  - Thesolution — EnteroMedics’ proprietary intermittent block



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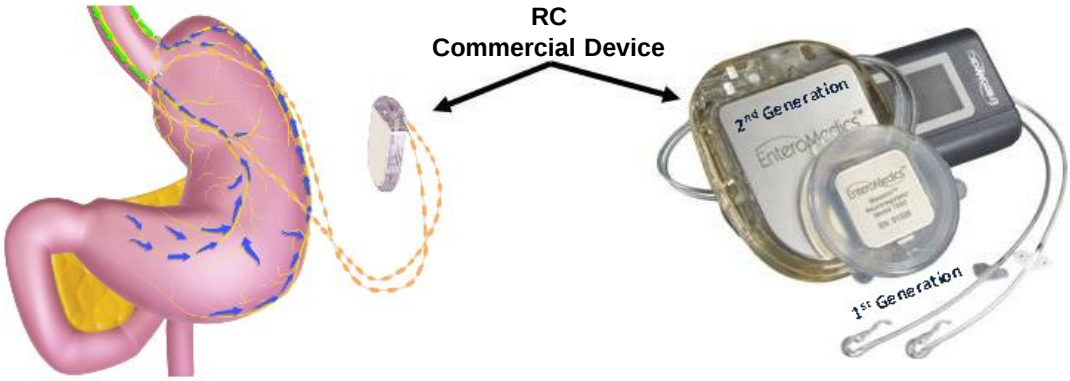
VBLOC Therapy

Delivered via the Maestro System

- VBLOC Therapy
  - First in class – non-punitive; direct effect on mechanism of metabolic disease
  - Intermittent neuroblocking technology blocks vagus nerve signals, therefore reducing hunger feelings and promoting earlier fullness
  - Subcutaneously implanted, pacemaker-like device with leads placed laparoscopically on the intra-abdominal vagal trunks



The implantation procedure and usage of the Maestro System carry some risks, such as the risk generally associated with laparoscopic procedures and those related to treatment as described in the EMPOWER clinical study informed consent.

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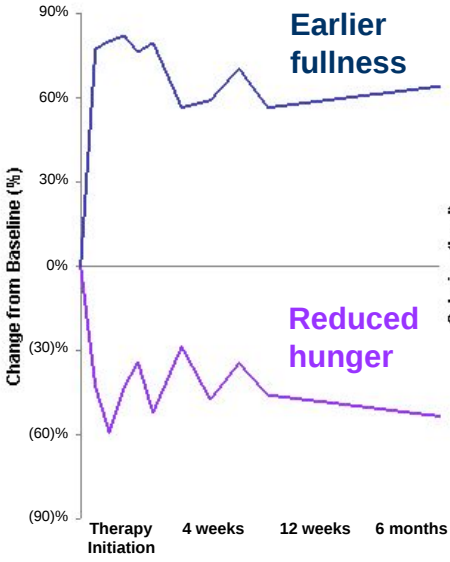
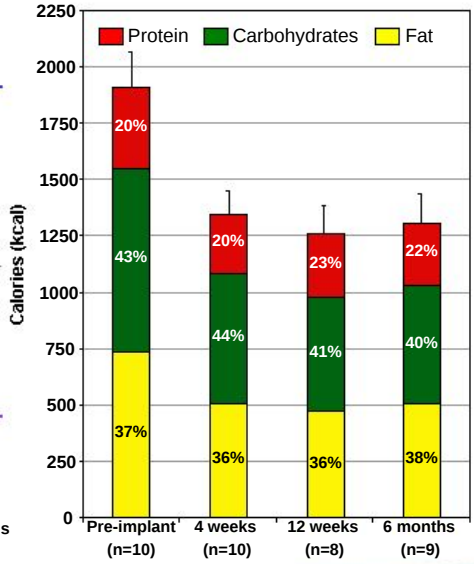
Compelling Proof of Concept

Significant impact on hunger and fullness drives successful weight loss

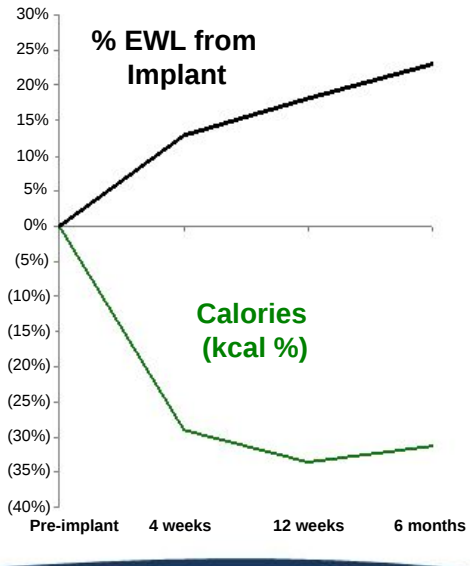
Earlier Fullness and Less Hunger



Reduced Portion Size



Reduced Calories



Source: VBLOC-I Sub-study., Flinders UMC, Adelaide, Australia

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The Maestro System
Clinical Experience

Safety

- No therapy related SAEs; Low overall SAE rate
- Positive safety profile, including CV

Efficacy

- Clinically significant weight-loss
- Control of major co-morbidities
  - Diabetes and hypertension

Study	Location	# Patients ~400 Overall	Study Duration (yrs)	Efficacy ~ %EWL
First Generation Maestro RF System				
VBLOC-1	OUS	31	0.5	14 (6months)
VBLOC-RF2	OUS	38	3	23 (2 years)[1]
EMPOWER	US	294	2/5	20 (2.5 years)[2]
Second Generation Maestro RC System				
VBLOC-RC1	OUS	5	1/5	26 (1 year)
VBLOC-DM2	OUS	28	1/5	25 (1.5 year)[3]
ReCharge	US	234	1/5	Enrolling

Broad acceptance by surgeons and patients

Note: Conducted gastric function study as well in 12 patients
1) 18 patients
2) 107 patients
3) 22 patients

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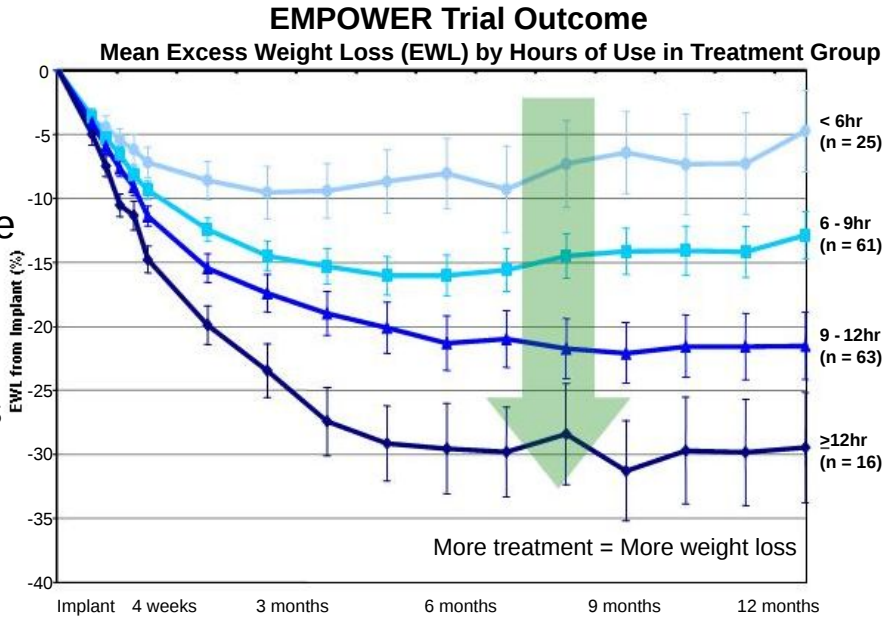
Pivotal Trials

- EMPOWER
  - 294 subjects
    - Double blind, placebo controlled randomized trial
    - BMI range 35 to 39.9 with co-morbidity; 40 to 45 with or without
  - Endpoints
    - Primary efficacy: Greater efficacy in treated arm versus control arm
    - Secondary efficacy: Greater proportion of treated subjects versus control reach ≥25% EWL
    - Safety: Estimate procedure and safety adverse events
- ReCharge
  - Approximately 234 Subjects
  - Currently enrolling, completion 4Q11

Maestro System
Usage equals RESULTS

- "Dose Effect" shows clear correlation between average EWL and the number of hours of device use
  - Demonstrates efficacy
  - Important to FDA
- Placebo group result was nearly identical due to unanticipated therapeutic effect



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EMPOWER Trial Summary

- Both groups experienced significant, dose-dependent Excess Weight Loss (EWL)
  - EWL greater than 20% in the prescribed use group of both arms
  - An unanticipated therapeutic effect was seen in the placebo arm
- Safety endpoint met
  - No deaths, low 1-yr surgical revision rate and low serious adverse event rate
  - No therapy related serious adverse events
  - Excellent cardiac safety
- Long-term follow-up data continue to demonstrate that VBLOC Therapy works
  - At 24 months, >9 hours daily use patients have an average EWL of ~23% (n=71)
  - Over two-thirds of patients remained in trial at two years
  - At 30 month, all patients, irrespective of hours of device use, have reached an average EWL of ~20% (n=107)
- FDA subsequently approved a second pivotal trial (ReCharge)

US RECHARGE Trial

Pivotal Trial for US Approval

- Use next generation implantable device
  - More convenient
  - Hours of use controlled by device
- Placebo group receives non-active device
  - No charge delivered
- Approximately 234 morbidly obese subjects
  - 2:1 randomization
  - Treated group “on” for ~12 hrs per day
- Key trial end points at 12 months
  - Efficacy
  - Safety
- Enrolling

VBLOC –DM2 ENABLE Trial

Diabetes and Hypertension

- Design: prospective, open-label, multi-center, 12 month trial
- Cohort: 28 patients with obesity and type 2 diabetes, 18 with hypertension
- Inclusion criteria:
  - BMI 30 to 40 kg/m^2
  - NIDDM, <12 yrs duration
  - HbA1c levels >7% to <10%
  - Absence of significant diabetic complications (e.g., gastroparesis).
- Data collection: weight loss (EWL), glycemic (FPG, HbA1c) and blood pressure control
- Analysis: weeks 1, 4 and 12; and 6, 12 and 18 months

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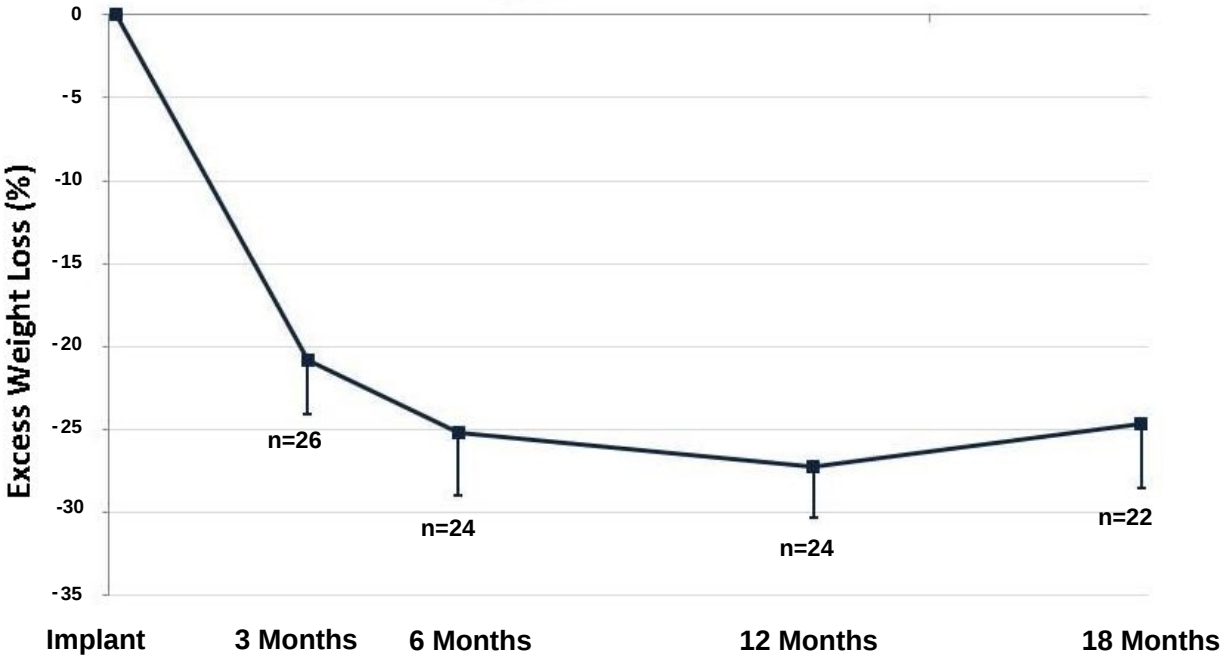
VBLOC –DM2 ENABLE Trial

%EWL Results



*N represents subjects using the device for 12 hours or more

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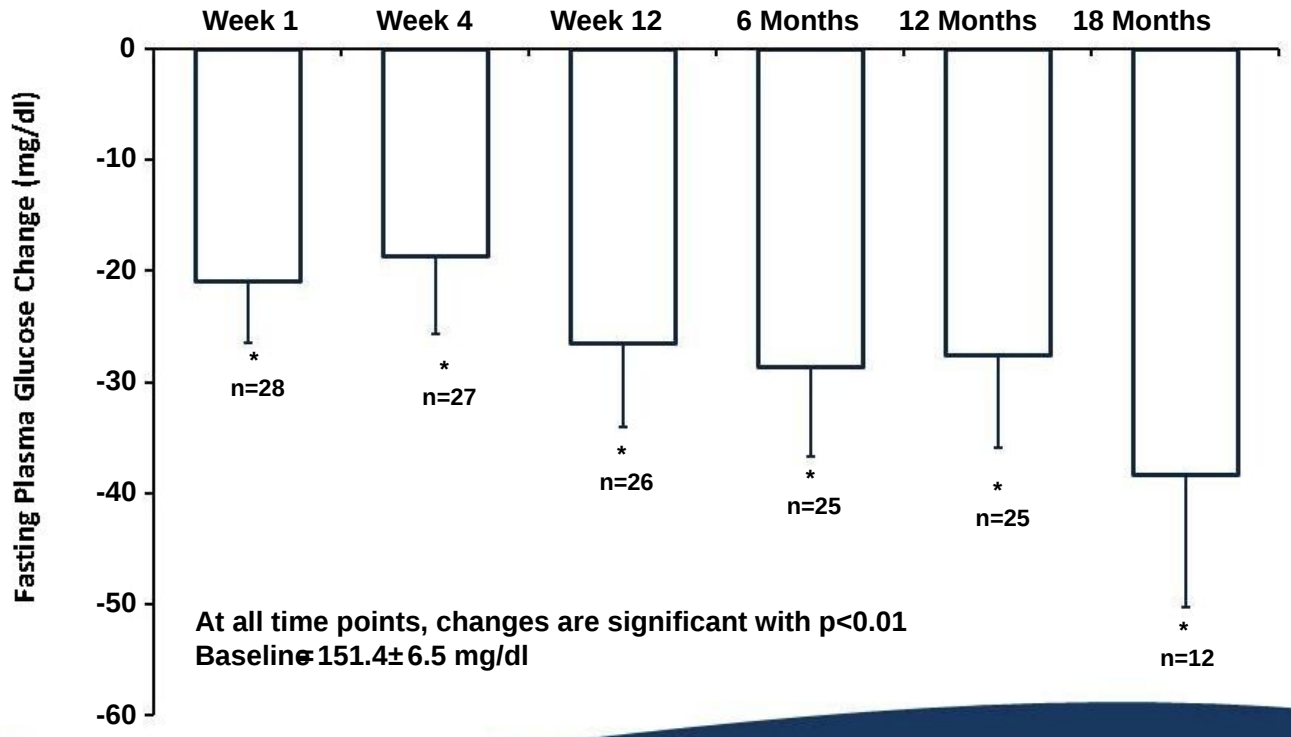
Change in Fasting Glucose



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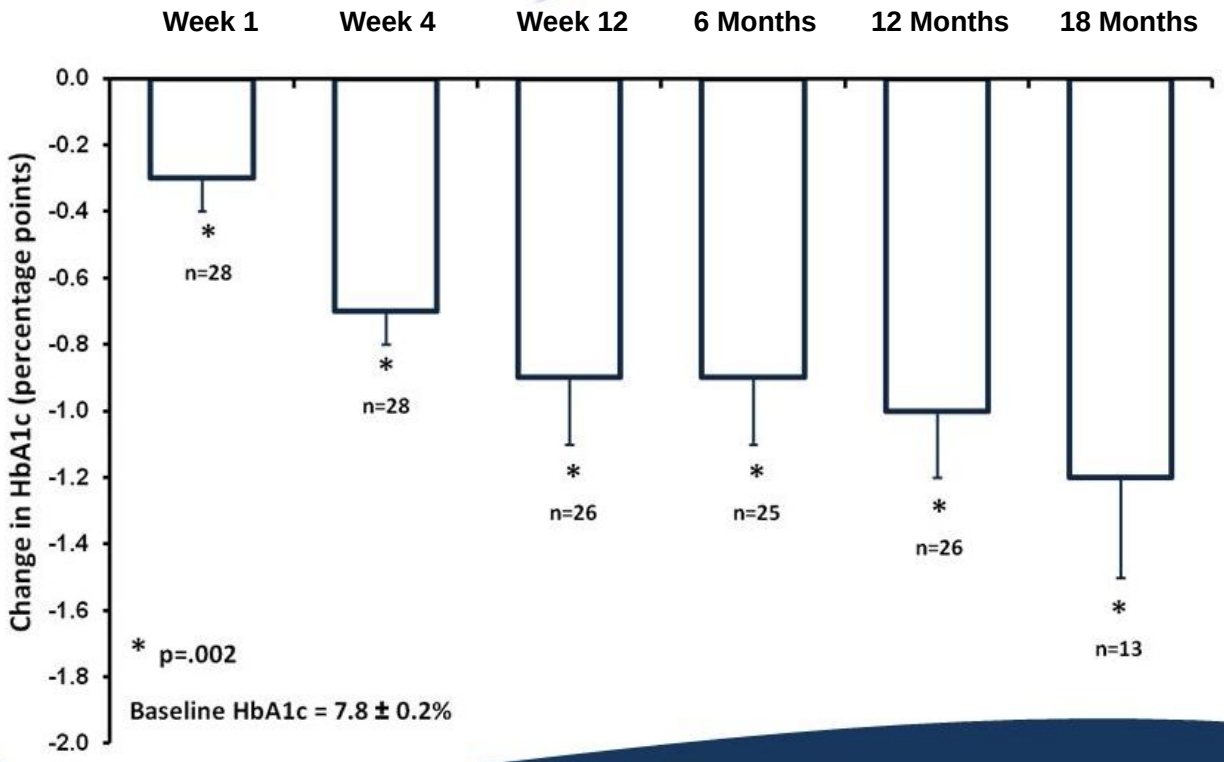
Change in HbA1c %



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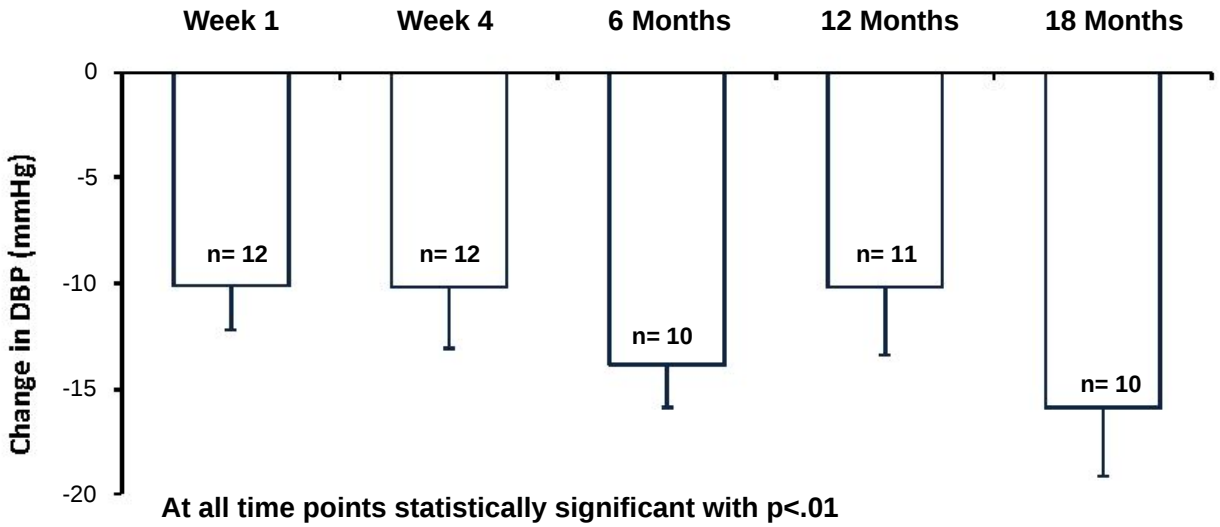
Change in Diastolic Blood Pressure in Patients with Elevated DBP



At all time points statistically significant with p<.01
Baseline = 87.5 ± 2.2 mmHg

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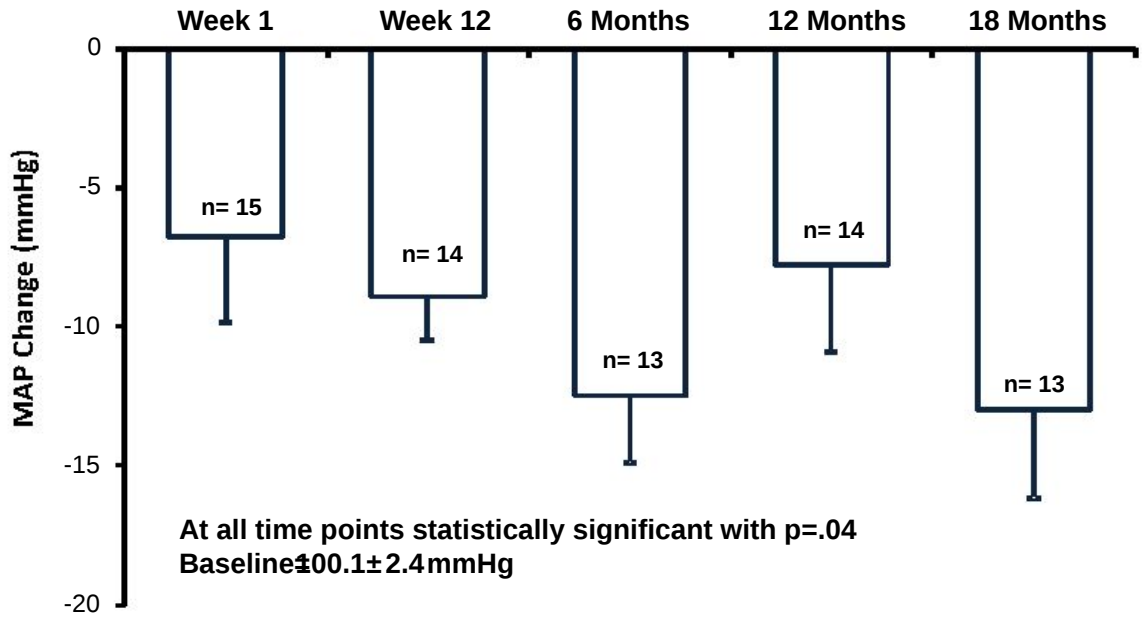
Change in Mean Arterial Pressure in Patients with Hypertension



At all time points statistically significant with p=.04
Baseline 100.1± 2.4 mmHg

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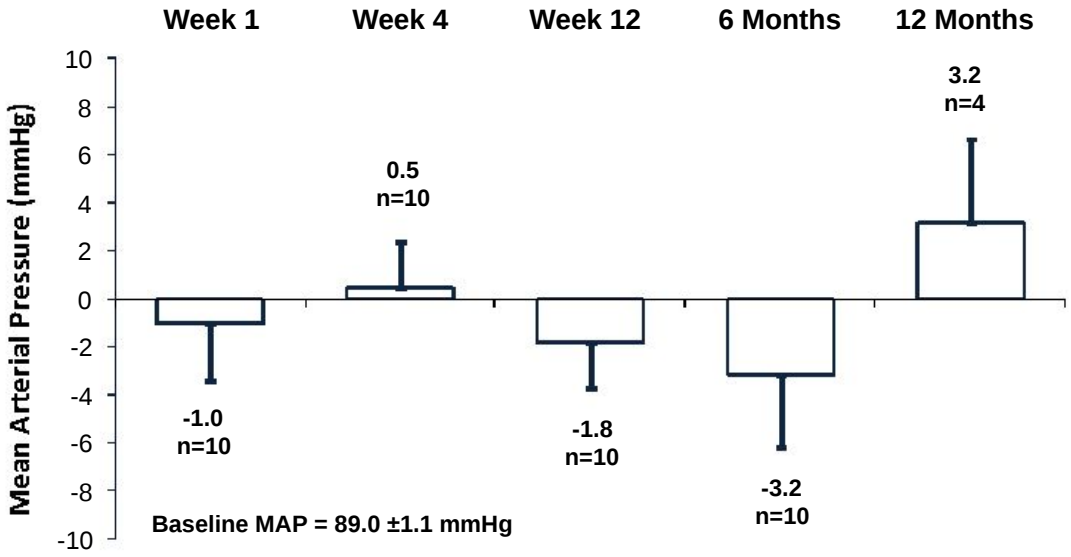
No Change in Blood Pressure in Normotensive Patients



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Significant Promise in Treatment of Metabolic Disea

Diabetes and Hypertension

- Clinically significant effect of VBLOC on two major co-morbidities
  - Type 2 Diabetes Mellitus
    - About 26 million people in US and more than 220 million people worldwide have diabetes
  - Cardiovascular / blood pressure
    - About 74 million people in the US and 1 billion worldwide are effected by hypertension
- Improvements were immediate and sustained
  - Diabetes:
    - HbA1c reduced to below 7.0%
      - Diabetes control level set by the American Diabetes Association
  - Blood pressure:
    - ~10mmHg reduction in mean arterial pressure and diastolic blood pressure
    - Durable through 18 months
- Excellent cardiovascular safety
  - Heart rate reduction
  - Blood pressure

Commercialization in Europe and Australia

- Australia
  - Historical leadership with new obesity treatments
  - Extensive clinical experience with the Maestro System
    - Australian Institute of Weight Control (AIWC)
  - Device Technologies Australia
    - Distributor
    - Regulatory and reimbursement support
  - TGA approval and first revenue targeted for 2H 2011
- Europe
  - Clinical experience in two European centers
  - CE Mark approval for RC System
  - Commercialization activities are progressing in select European markets

Financial Summary

Balance Sheet Data
As of June 30, 2011

Cash and cash equivalents	$27.4 million
Total invested capital	$171 million

NASDAQ: ETRM

Diluted Shares Outstanding
As of June 30, 2011

Common Shares	27.9 million
Warrants	22.2 million
Options	2.0 million
Diluted Shares Outstanding	52.1 million

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