FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
--	------------------------------------	-----------

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

or Indirect (I) (Instr. 4)

D

(Instr. 4)

Section obligat	n 16. Form 4 or ions may contirtion 1(b).		O I A	Filed		to Section 16(a on 30(h) of the							4		ll l	ated av	erage burde ponse:	en 0.5
1. Name and Address of Reporting Person* EVNIN LUKE				2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ETRM]							(Che	elationship deck all applic	able) r	g Pers	10% O	o Owner er (specify		
(Last) (First) (Middle) C/O MPM ASSET MANAGEMENT 200 CLARENDON ST., 54TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 05/06/2010								Officer below)	(give title		Other (below)			
200 CLARENDON 51., 54111 FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BOSTO	N M	Α	02116	_							- 1	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
		Tak	le I - Nor	n-Deriva	ative Se	curities Ac	qui	red,	Disp	osed o	f, o	r Bene	ficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa: Date (Month/Date)			ay/Year)	2A. Deemed Execution Date if any (Month/Day/Yea	e, T	Code (Instr.						Securitie Beneficia Owned F	. Amount of ecurities eneficially wned Following		nership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
						urities Acq s, warrants								Owned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any		Date, Ti	ransaction ode (Instr.	5. Number of Derivative Securities	6. Date Exerci Expiration Da (Month/Day/Ye			of Securities		•	Derivative deri		e s	10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership		

Buy) **Explanation of Responses:**

\$0.42

Stock Option

(Right to

Security

1. 25% of the shares subject to the option are exercisable immediately. The remaining 75% of the shares subject to the option shall vest in a series of thirty-six (36) successive equal monthly installments upon completion of each month over the three (3) year period measured from the date of grant, May 6, 2010.

Date

Exercisable

(1)

(D)

Expiration

05/06/2020

/s/ Luke Evnin

Title

Commo

Stock

(Instr. 3 and 4)

05/28/2010

10,000

Owned Following

Reported Transaction(s) (Instr. 4)

** Signature of Reporting Person

Amount Number

Shares

10,000

Date

\$0

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).

05/06/2010

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Α

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.

Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

(A)

10,000