FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	OMB APPROVAL										
OMB Number:	3235-0287										
Estimated average burden											
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* FRIEDMAN CATHY						2. Issuer Name <b>and</b> Ticker or Trading Symbol EnteroMedics Inc [ ETRM ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) 2800 PA	) (First) (Middle) PATTON ROAD					3. Date of Earliest Transaction (Month/Day/Year) 05/05/2009									Officer ( below)	(give title		Other (s below)	pecify
(Street) ST. PAU	PAUL MN 55113					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	-	(Zip)	Dori				- ^ -		Dia	d o	f or Da	nofici	allar	Oumad				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					sactio	n 'ear)	2A. Deemed Execution Date if any (Month/Day/Yea		3. Transaction Code (Instr.					or 5. Am Secur Benef Owne		s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	Pric	e	Transacti	Reported Transaction(s) (Instr. 3 and 4)		1	(Instr. 4)
Common	Stock											2,000		D					
			Table II - I						quired, D s, option						wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transa Code (	ction	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year		ble and	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		unt	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (Right to Buy)	\$7.46								04/27/2007	(1)	04/27/2017	Commor Stock	27,4	73		27,47	3	D	
Stock Option (Right to Buy)	\$4.4								05/06/2008	(1)	05/06/2018	Commor Stock	20,0	00		20,00	0	D	
Stock Option (Right to	\$1.93	05/05/2009			A		10,000		05/05/2009	(1)	05/05/2019	common Stock	10,0	00	\$0.00	10,00	0	D	

## Explanation of Responses:

 $1.\ Vests\ as\ to\ 25\%\ on\ date\ noted\ and\ thereafter\ in\ cumulative\ installments\ of\ 1/36th\ per\ month.$ 

/s/ Greg S. Lea, Attorney-in-

**Fact** 

\*\* Signature of Reporting Person Date

05/06/2009

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.