## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasnington	, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	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

							1011 00(11)		investinen		mparity Act t	1040								
Name and Address of Reporting Person*     Donders Adrianus					2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ ETRM ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) (First) (Middle) 2800 PATTON ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/06/2008									X Officer (give title Other (specify below)  Sr Vice Pres of Operations					
(Street) ST. PAUL MN 55113					4. If	Ame	endment,	Date	of Original F	iled	(Month/Day		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting							
(City) (State) (Zip)													Person							
		Tal	ble I - Nor	n-Deriv	ative	e Se	curitie	s Ac	cquired,	Disp	osed o	f, or Ber	nefic	ially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/E						2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.				ed (A) tr. 3, 4	or and	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	V	Amount	int (A) or (D)		ice	Transacti (Instr. 3 a	tion(s)				
No secur	ities are hel	d 												00	00		D			
			Table II -	Derivat (e.g., p	tive S uts,	Sec call	urities s, warı	Acc ants	luired, D s, option	ispo s, c	osed of, onvertib	or Bene de secu	eficia ritie:	ally C s)	Owned					
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, Tr	ansac ode (Ir		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and	ve es ed ed ed nstr.	6. Date Exe Expiration (Month/Day		7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				C	ode	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber						
Stock Option (right to buy)	\$0.46								04/11/2006	(1)	04/11/2015	Common Stock	87,9	913		87,91	3	D		
Stock Option (right to buy)	\$0.46								(2)		04/27/2015	Common Stock	21,9	979		21,97	9	D		
Stock Option (right to buy)	\$0.46								04/20/2007	(1)	04/20/2016	Common Stock	34,0	616		34,61	6	D		
Stock Option (right to buy)	\$5.19								02/06/2008	(1)	02/06/2017	Common Stock	54,9	946		54,94	6	D		
Stock Option (right to buy)	\$8.27	02/06/2008			A		97,415		02/06/2008	(3)	02/06/2018	Common Stock	97,4	415	\$0.00	97,41	5	D		
Stock Option	\$8.27	02/06/2008			A		10,989		02/06/200	8 (	02/06/2018	Common	10,9	989	\$0.00	10,98	9	D		

## Explanation of Responses:

buy)

- 1. Vest 25% on the first anniversary of the date of grant and 1/36th per month for 36 months thereafter, beginning the date shown.
- 2. Currently 100% vested in accordance with achievement of milestone vesting terms.
- 3. 50% vests in increments of 1/48th per month beginning the date shown, remaining 50% vests in accordance with achievement of milestone vesting terms.

/s/ Adrianus (Jos) Donders 02/08/2008

\*\* Signature of Reporting Person Date

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.