FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

	OMB APPROVAL												
	OMB Number:			3235-028									
- 1	1												

37 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	Secti	on 30(h)	of the	e Inv	estmen	t Con	npany Act	of 19	940								
1. Name and Address of Reporting Person* BLACKFORD GARY						2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ETRM]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DLACKFORD GART																X Direct	or		10% Ov	vner		
(Last) (First) (Middle) 2800 PATTON ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/15/2016										Officer below)	(give title		Other (s below)	specify		
2000 111	2 2 0 1 1 1 1 0 1				4 If	·Λmo	ndmont	Data	of C	Original F	ilod	(Month/Do	w/Vo	ar)	6 Ir	dividual or	loint/Crour	Eiling	(Chack An	alicable		
(Street)				4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)							
ST. PAUL MN 55113															X Form	filed by One Reporting Person			า			
															Form filed by More than One Reporting Person							
(City) (State) (Zip)															1 613611							
		Tab	le I - Nor	n-Deriv	ative	e Se	curitie	es Ac	cqu	ıired,	Disp	osed o	f, o	r Ben	eficial	y Owne	k					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		·	Transaction Dispo			urities Acquired (A sed Of (D) (Instr. 3,			Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
										Code V		Amount		(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock																0		D				
		-	Fable II - I									sed of, onvertil				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution I if any (Month/Day	Date, T	4. Transactio Code (Instr 8)		5. Num of Deriva Securi Acquii (A) or Dispos of (D) (Instr. and 5)	ative ities red sed 3, 4	6. Date Exercisal Expiration Date (Month/Day/Year)			Amount of			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	ive ies cially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				C	Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration Date	Title	1	Amount or Number of Shares							

Explanation of Responses:

\$0.17

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 beginning the date shown.

08/15/2016⁽¹⁾

Remarks:

Stock Option

Buy)

(Right to

/s/ Greg S. Lea, Attorney in Fact for Gary Blackford

1,667

Common

Stock

08/15/2026

** Signature of Reporting Person Date

\$0.00

1,667

08/17/2016

D

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).

08/15/2016

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

Α

1.667

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.