FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
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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

Name and Address of Reporting Person* Hickey Paul F.			2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ETRM]							5. Re (Ched	lationship of ck all applica Director	ıble)	g Perso	10% Ov	ner				
(Last) (First) (Middle) 2800 PATTON ROAD			3. Date of Earliest Transaction (Month/Day/Year) 01/22/2016								X	below)	/P of Ml	ktg &	Other (s below) Reimb	респу			
(Street) ST. PAU		IN State)	55113 (Zip)		4. If An	nendment,	nt, Date of Original Filed (Month/Day/Year)							6. Ind Line)					ı
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Tran Date			2. Transa Date			e, Ti C (ar) 8)	I. Transacti Code (Ins	on str.	4. Securities Acquir Disposed Of (D) (Ins		ed (A) o	or	5. Amount	nt of es For ally (D) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock													0			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		Cod	Transaction Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Cod	le V	(A)	(D)	Date Exerc	cisable		xpiration ate	Title	Amor or Numl of Sh	ber		Transaction(s) (Instr. 4)			
Stock Option (Right to Buy)	\$1.32	01/22/2016		A		106,667		01/22	2/2017 ⁽¹⁾	01	1/22/2026	Common Stock	106,	,667	\$0.00	106,6	67	D	

Explanation of Responses:

1. Vests 25% one-year from the date of grant on the date noted and thereafter in cumulative installments of 1/36th per month.

Remarks:

/s/ Greg S. Lea, Attorney in Fact for Paul F. Hickey

** Signature of Reporting Person Date

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).
- ** 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.

Know all by these presents, that I hereby constitute and appoint each of Dan W. Gladney, Greg S. Lea and David Brooks my true and lawful attorney-in-fact and agent, each acting alone, with full power of substitution for me and in my name, place and stead, to:

- 1. execute for me and on my behalf, in my capacity as an officer and/or director of EnteroMedics Inc, Forms 3, 4 or 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934, as amended, and the rules promulgated thereunder:
- 2. do and perform any and all acts for me and on my behalf which may be necessary or desirable to complete and execute any such Form 3, 4 or 5, complete and execute any amendment or amendments thereto and timely file such Form with the United States Securities and Exchange Commission and any stock exchange or similar authority; and
- 3. take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to me, in my best interest or legally required by me, it being understood that the documents executed by such attorney-in-fact on my behalf pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact's discretion.

I hereby grant to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted. I acknowledge that the attorneys-in-fact, in serving in such capacity at my request, are not assuming, nor is EnteroMedics Inc. assuming, any of my responsibilities to comply with Section 16 of the Securities Exchange Act of 1934, as amended.

This Power of Attorney shall remain in full force and effect until I am no longer required to file Forms 3, 4 and 5 with respect to my holdings of and transactions in securities of EnteroMedics Inc, unless earlier revoked by me in a signed writing delivered to the attorneys-in-fact named above.

IN WITNESS WHEREOF, I have signed this Power of Attorney on 11 Jan, 2016.

/s/ Paul F. Hickey Paul F. Hickey