FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES 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

					U	Ject	1011 30(11)	OI LITE	HIVESHIEH	CUI	ilpaily Act t	JI 1940								
1. Name and Address of Reporting Person* <u>GRIFFIN BOBBY IVAN</u>						2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ETRM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 2800 PATTON ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/09/2012								Officer (give title Other (specify below) below)						
					4.1	If Ame	endment,	Date	of Original F	iled	(Month/Day	//Year)	6.	ndividual o	Joint/Group	Filing	(Check App	licable		
(Street) ST. PAUL MN 55113					4. If Amendment, Date of Original Filed (Month/Day/Year)								X Form filed by One Reporting Person Form filed by More than One Reportin							
(City) (State) (Zip)													Person							
		Tal	ble I - Non	ı-Deriv	/ativ	e Se	curitie	s Ad	cquired, I	Dis	posed of	f, or Ber	neficia	lly Owne	d					
Date				Date	ansaction hth/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.				d (A) or tr. 3, 4 an	d Securi Benefi	cially l Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Transa (Instr.	Transaction(s) (Instr. 3 and 4)						
Common	Stock													5	4,960		D			
			Table II - I						uired, Di s, option					/ 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 Da if any (Month/Day/Y	Code (of Derivati Securiti Acquire (A) or Dispose of (D) (II	of Derivative (Securities Acquired		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivativ Security	9. Numb derivativ Securitie Beneficii Owned Followin Reported Transact (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amoun or Number of Shares	1						
Stock Option (right to buy)	\$11.46								09/29/2007 ⁰	(1)	09/29/2016	Common Stock	9,157		9,15	7	D			
Stock Option (right to buy)	\$11.46								09/29/2007 ⁰	(1)	09/29/2016	Common Stock	18,315	5	18,3:	15	D			
Common Stock Warrant	\$8.28								08/24/2009	9	02/24/2013	common Stock	17,182	2	17,18	32	D			
Stock Option (right to buy)	\$48.01								03/25/2008 ⁰	(2)	03/25/2018	Common Stock	4,166		4,16	6	D			
Stock Option (right to buy)	\$11.58								05/05/2009 ⁰	(2)	05/05/2019	common stock	1,666		1,66	66	D			
Stock Option (right to buy)	\$2.52								05/06/2010 ⁰	(2)	05/06/2020	Common Stock	1,666		1,66	66	D			
Stock Option (right to buy)	\$2.63								05/05/2011 ⁰	(2)	05/05/2021	Common Stock	10,000)	10,00	00	D			
Stock Option (right to	\$2.77	05/09/2012		Ī	A		10,000		05/09/2012	(2)	05/09/2022	Common Stock	10,000	\$0.00	10,00	00	D			

Explanation of Responses:

- 1. Vests 25% on the first anniversary of the date of grant and 1/36th per month for 36 months thereafter, beginning the date shown.
- 2. Immediately vests as to 25% on date noted and thereafter in cumulative installments of 1/36th per month.

/s/ Mark B. Knudson, Attorney in Fact for Bobby Ivan Griffin

05/11/2012

Date

** Signature of Reporting Person

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.