FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	N BENEFICIAL	OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response 0.5

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 and Ticker or Trading Symbol EnteroMedics Inc [ETRM]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 2800 PATTON ROAD			05	3. Date of Earliest Transaction (Month/Day/Year) 05/05/2011									Officer (give title Other (specify below) below)							
(Street) ST. PAU			55113		4. If Amendment, Date of C			of Original Filed (Month/Day/Year)					Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				/ativ	ntive Securities Acquired, Disposed of, or Benefic								 ficially	cially Owned						
1. Title of Security (Instr. 3) 2. Tran		2. Trans Date	1		a. 3. 4. Securities Transaction Disposed Of Code (Instr. 5)		ties Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership							
							Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	ommon Stock												2,00	,000(2)		D				
			Table II - I						quired, D s, option						Owned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Tra	ansaction ode (Instr.		of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				С	ode	v	(A)	(D)	Date Exercisable		expiration Date	Title	OI N O1	umber						
Stock Option (Right to Buy)	\$44.77 ⁽²⁾								04/27/2007	1) 0	4/27/2017	Comr		,578 ⁽²⁾		4,578 ⁽	2)	D		
Stock Option (Right to Buy)	\$26.4 ⁽²⁾								05/06/2008	1) 0	5/06/2018	Comr		,333(2)		3,333 ⁽	2)	D		
Stock Option (Right to Buy)	\$11.58 ⁽²⁾								05/05/2009 ⁰	1) 0	5/05/2019	Comr		,666 ⁽²⁾		1,666 ⁽	2)	D		
Stock Option (Right to Buy)	\$2.52 ⁽²⁾								05/06/2010	1) 0	5/06/2020	Comr		,666 ⁽²⁾		1,666 ⁽	2)	D		
Stock Option (Right to Buy)	\$2.63	05/05/2011			A		10,000		05/05/2011	1) 0	5/05/2021	Comr		0,000	\$2.63	10,00	0	D		

Explanation of Responses:

- $1. \ Vests \ immediately \ as \ to \ 25\% \ on \ date \ noted \ and \ thereafter \ in \ cumulative \ installments \ of \ 1/36th \ per \ month.$
- 2. On July 9, 2010, EnteroMedics Inc. effected a 1-for-6 reverse stock split of its issued and outstanding shares of common stock, par value \$0.01 per share, resulting in a proportional decrease in the total shares of common stock beneficially owned by the reporting person, all previously reported exercise prices, option grants and similar instruments convertible into common stock were proportionally adjusted to reflect the reverse split.

Remarks:

THIS FILING REFLECTS THE POST SPLIT NUMBERS OF ALL SHARES, OPTIONS AND SIMILAR INSTRUMENTS HELD BY THE REPORTING PERSON AS PREVIOUSLY REPORTED (SEE FOOTNOTE (2)).

> /s/ Mark B. Knudson, Attorney-05/09/2011 in-Fact for Catherine Friedman

** 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.