## FORM 4

1. Name and Address of Reporting Person\* Bay City Capital Fund IV, L.P.

C/O BAY CITY CAPITAL LLC 750 BATTERY STREET, SUITE 400

SAN FRANCISCO CA

(First)

(State)

(Middle)

94111

(Zip)

(Last)

(Street)

(City)

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

(	OMB A	APPRO	VAL

OMB Number: 3235-0287

# Check this box if no longer subject to

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

obligat	n 16. Form 4 or ions may conti tion 1(b).	Form 5 nue. See		Fil						es Exchange npany Act of 1		34			II .	ted aver per resp	age burden onse:	0.5	
1. Name and Address of Reporting Person*  BAY CITY CAPITAL LLC			2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ ETRM ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director									
(Last) 750 BAT SUITE 4	TERY STE	First) REET	(Middle)				ate of Earliest Transaction (Month/Day/Year) 30/2010							below)	re uue		below)	specify	
(Street) SAN FRANC	ISCO (	CA	94111		4. If An	nendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(	State)	(Zip)																
			Table I - Nor	n-Deri	vative	Securi	ties Acq	uired,	Dis	osed of,	or Ben	eficia	lly Ov	vned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5)	5. Amount of Securities Beneficially Following R	Owned eported	Form:	nership Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
									v	Amount	(A) or (D)	Pri	ce	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			12/1	4/2010			P		1,664,130	) A	\$	1.74	2,386,9	980	D	(2)(3)		
Common	mon Stock			12/1	14/2010			P		35,870	A	\$	1.74	51,451		D(2)(4)			
Common Stock			12/1	14/2010			С		1,591,70	7 A	$\perp$	(1)	3,978,687		7 D <sup>(2)(3)</sup>				
Common Stock			12/1	14/2010			С		34,309	A		(1) 85,7		60 D		(2)(4)			
			Table II -							osed of, or onvertible				ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date Execution Date, (Month/Day/Year) if any Code (Instr. Acquired (A) or (Month/Day/Year)   3. Transaction Derivative Securities   Expiration Date   Expiration Date   Code (Instr. Acquired (A) or (Month/Day/Year)   Derivative Securities   Expiration Date   Code (Instr. Acquired (A) or (Month/Day/Year)   Derivative Securities   Expiration Date   Code (Instr. Acquired (A) or (Month/Day/Year)   Derivative Securities   Der		Securities	d Amount of s Underlying e Security nd 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned	tive Owners ties Form: cially Direct (I		Beneficial Ownership t (Instr. 4)								
	Security			Code	v	Ά)	(D)	Date Exerci	sable	Expiration Date	Title		unt or ber of es		Followir Reporte Transac (Instr. 4)	ed tion(s)	(I) (Instr. 4	1)	
Series A Preferred Stock	(1)	12/14/2010		С	Ш		1,591,707	(1	)	(1)	Common Stock	1,59	91,707	\$0	0		D <sup>(2)(3)</sup>		
Series A Preferred Stock	(1)	12/14/2010		С			34,309	(1)		(1)	Common Stock	34	,309	\$0		0 D <sup>(2)(4)</sup>			
Common Stock Warrant	\$2.19	12/14/2010		P		1,664,130		06/13/2011		06/13/2016	Common Stock			\$0.01	3,399,358		D <sup>(2)(3)</sup>		
Common Stock Warrant	\$2.19	12/14/2010		P		35,870		06/13/	2011	06/13/2016	Common Stock	35	,870	\$0.01	73,2	273	D <sup>(2)(4)</sup>		
		Reporting Person*																	
(Last) 750 BAT SUITE 4	TERY STE	(First)	(Middle)																
(Street)	ANCISCO	CA	94111																
(City)		(State)	(Zip)																

1. Name and Address of Reporting Person*  BAY CITY CAPITAL FUND IV CO INVESMENT  FUND LP							
(Last)	(First)	(Middle)					
750 BATTERY STR	EET						
SUITE 400							
(Street) SAN FRANCISCO	CA	94111					
(City)	(State)	(Zip)					
Name and Address of Reporting Person*     Bay City Capital Management IV LLC							
(Last)	(First)	(Middle)					
750 BATTERY STREET							
SUITE 400							
(Street) SAN FRANCISCO	CA	94111					
SAIN FRANCISCO	CA	<del>94</del> 111					
(City)	(State)	(Zip)					

#### **Explanation of Responses:**

- 1. The Series A Preferred Stock converted into EnteroMedics Inc. common stock on a 1 for 1 basis and had no expiration date.
- 2. Bay City Capital Fund IV, L.P. ("Fund IV"), Bay City Capital Fund IV Co-Investment Fund, L.P. ("Co-Investment IV"), Bay City Capital Management IV LLC ("Management IV") and Bay City Capital LLC ("BCC") are deemed to be a "group" for the purpose of Section 13(d) under the Securities Exchange Act of 1934.
- 3. Represent shares held by Fund IV; and indirect interests of BCC, the manager of Management IV, and Management IV, the general partner of Fund IV. BCC and Management IV each disclaims beneficial ownership is such shares, except to the extent of their pecuniary interest therein.
- 4. Represent shares held by Co-Investment IV; and indirect interests of BCC, the manager of Management IV, and Management IV, the general partner of Co-Investment IV. BCC and Management IV each disclaims beneficial ownership in such shares, except to the extent of their pecuniary interest therein.

#### Remarks:

Signed by Carl Goldfischer, Managing Director Bay City Capital LLC for itself, for and on behalf of Bay City Capital Management IV LLC in its capacity as manager thereof, and for and on behalf of Bay City Capital Fund IV, L.P. and Bay City Capital Fund IV Co-Investment Fund, L.P. in its capacity as manager of Bay City Capital Management IV LLC, the general partner of Fund IV and Co-Investment IV.

<u>/s/ Carl Goldfischer</u> 12/16/2010

\*\* 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.