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## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287				
Estimated average burde	n				
hours per response:	0.5				

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	tion 1(b).	lue. See		File	ed pur	rsuant r Sect	to Sectio	n 16( of the	a) of the Se	ecurit	ies Exchanç mpany Act (	ge Act of 19	934			hours	per res	ponse:	0.5	
1. Name and Address of Reporting Person <sup>*</sup> Donders Adrianus					2.	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>EnteroMedics Inc</u> [ ETRM ]									all application Director	able)	g Pers	on(s) to Issu 10% Ov	vner	
(Last) (First) (Middle) 2800 PATTON ROAD					3. Date of Earliest Transaction (Month/Day/Year) 06/22/2009									below)	(give title /ice Pres	jive title		pecify		
(Street) ST. PAUL MN 55113				- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)		-										Person		e than	one repor		
		Tal	ole I - Nor	n-Deriv	vativ	ve Se	curitie	s Ao	cquired,	Dis	posed o	f, or Ber	neficia	ally (	Owned		4	a		
1. Title of Security (Instr. 3) 2. Trans Date (Month/				action 2A. Deer Executio Day/Year) if any (Month/I		n Date	Code	Transaction Disposed Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 and			Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D) F		Price Transa (Instr. 3		on(s) Ind 4)					
No securities are held														000		) D				
			Table II - I (								osed of, onvertit				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	4. Transaction Code (Instr. 8)		of		6. Date Exercisat Expiration Date (Month/Day/Year)			of Securities		D	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ow For Ily Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amour or Numbe of Shares	er						
Stock Option (right to buy)	\$0.46								04/11/2000	j <sup>(1)</sup>	04/11/2015	Common Stock	87,91	3		87,91	3	D		
Stock Option (right to buy)	\$0.46								(2)		04/27/2015	Common Stock	21,97	79		21,97	9	D		
Stock Option (right to buy)	\$0.46								04/20/2001	7(1)	04/20/2016	Common Stock	34,61	6		34,61	6	D		
Stock Option (right to buy)	\$5.19								02/06/2008	3(1)	02/06/2017	Common Stock	54,94	46		54,94	6	D		
Stock Option (right to buy)	\$8.27								02/06/2008	<mark>3</mark> (3)	02/06/2018	Common Stock	97,41	15		97,41	5	D		
Stock Option (right to buy)	\$8.27								02/06/200	)8	02/06/2018	Common Stock	10,98	39		10,98	9	D		
Stock Option (right to buy)	\$1.1								03/04/2009	)(4)	02/04/2019	Common Stock	66,96	50		66,96	0	D		
Stock Option (right to buy)	\$3.7	06/22/2009			A		42,100		06/30/2009	)(5)	06/22/2019	Common Stock	42,10	00	\$0.00	42,10	0	D		

## Explanation of Responses:

1. Vest 25% on the first anniversary of the date of grant and 1/36th per month for 36 months thereafter, beginning the date shown.

2. Currently 100% vested in accordance with achievement of milestone vesting terms.

3. 50% vests in increments of 1/48th per month beginning the date shown, remaining 50% vests in accordance with achievement of milestone vesting terms.

4. Vests in increments of 1/48th per month beginning the date shown.

5. Vests in increments of 2.0833% per month beginning the date shown.

\*\* 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.