(Last)

(First)

3033 EXCELSIOR BOULEVARD, SUITE 300

(Middle)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## ANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 esponse:

7. Nature of 7. Nature of Indirect Beneficial Ownership (Instr. 4)

Footnote<sup>(3)</sup>

Footnote<sup>(4)</sup>

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Footnote<sup>(3)</sup>

Check this box if no longer subject to Section 16. Form 4 or Ferm

obligat	ions may conti			ı	Filed p						ities Exchar		1934			hou	rs per res	sponse:	
1. Name and Address of Reporting Person* WHITEBOX ADVISORS LLC						or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol  EnteroMedics Inc [ ETRM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					
(Last) (First) (Middle) 3033 EXCELSIOR BOULEVARD, SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 09/23/2011								Officer (give title X Other (specify below)  See Remarks Below					
(Street) MINNEAPOLIS MN 55416					4. If Amendment, Date of Original Filed (Month/Day/Year) 09/27/2011								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting						
(City)	(5	State)	(Zip)											X	Person				
		Та	ble I - No	n-De	rivat	ive S	ecuritie	s Ac	quired	l, Di	sposed o	of, or B	enefic	ially	Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					y/Year) Executi		Deemed cution Date, ny nth/Day/Year)		Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4		and 5) Securities Beneficial Owned For		Fori lly (D) ( ollowing (I) (I		nership Direct Indirect tr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	
						_			Code	V	Amount	(D)	Pric	e	(Instr. 3 an				
Common Stock 09/23/2				23/20	011		P		600,00	0 A	\$1	.65	2,532,600		[(1)(2)		See Footno		
Common Stock 09/23/2				23/20	2011		P		59,000	) A	\$1	.65	2,591,600		(4)		See Footno		
			Table II								oosed of converti				Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)			Trans Code	saction (Instr.	Derivative I		Expirati	6. Date Exercisable Expiration Date (Month/Day/Year)		7. Title a of Secur Underlyi Derivativ (Instr. 3	ities ng re Securi		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownersh Form: Direct (D or Indire (I) (Instr.	Bene ) Own ct (Insti
					Code	· v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares			Transaction(s (Instr. 4)			
Warrants	\$1.9	09/23/2011			P		120,000		09/23/2	011	09/28/2016	Commor Stock	119,	999	\$0	1,819	),999	I <sup>(1)(2)</sup>	See Foot
		f Reporting Person <sup>*</sup> DVISORS LI																	
(Last) 3033 EX	CELSIOR	(First) BOULEVARD,	(Mide SUITE 30	•															
(Street)	APOLIS	MN	554	16															
(City)		(State)	(Zip)																
		f Reporting Person* -Strategy Par				,													
(Last) 3033 EX	CELSIOR	(First) BOULEVARD,	(Mides	,															
(Street)	APOLIS	MN	554	16															
(City)		(State)	(Zip)																
		f Reporting Person <sup>*</sup> <u>quity Partner</u>																	

MINNEAPOLIS	MN	55416						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  Pandora Select Partners, L.P.								
(Last) (First) (Middle) 3033 EXCELSIOR BOULEVARD, SUITE 300								
(Street) MINNEAPOLIS	MN	55416						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  HFR MASTER TRUSTS								
(Last) 65 FRONT STREE	(First) $\Gamma$	(Middle)						
(Street) HAMILTON HM 11	D0							
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*  KOHLER GARY S								
(Last) (First) (Middle) 3033 EXCELSIOR BOULEVARD, SUITE 300								
(Street) MINNEAPOLIS	MN	55416						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

- 1. Shares acquired are held directly by Whitebox Multi-Strategy Partners, L.P. ("WMSP"), Whitebox L/S Equity Partners, L.P. ("WLSEP"), Pandora Select Partners, L.P. ("PSP"), and HFR RVA Combined Master Trust ("HFR").
- 2. The general partner of , WMSP is Whitebox Multi-Strategy Advisors, LLC ("WMSA"), WISEP is Whitebox L/S Equity Advisors, LLC ("WLSEA"), and PSP is Pandora Select Advisors, LLC ("PSA"). The managing member and controlling owner of WMSA, WLSEA, and PSA is Whitebox Advisors, LLC ("WA"). WA is the investment manager authorized and appointed as HFR's agent and attorney-in-fact with the power to direct the affairs of HFR including the power to vote and dispose of the shares of Common Stock held by HFR and decision-making power with respect to the disposition of the proceeds from the sale of such Common Stock.
- 3. Shares attributable to interests held by WA as Managing Member of WMSA, WLSEA, and PSA, which act as General Partners of WMSP, WLSEP, and PSP which directly hold the shares and as Investment Adviser to HFR.
- 4. Shares are held directly by Gary Kohler, an associate of WA. WA, WMSP, WLSEP, PSP, HFR, WMSA, WLSEA, and PSA, each disclaim beneficial ownership of the shares attributable to Gary Kohler and have no pecuniary interest therein.

## Remarks

(Street)

Based on the relationships described in notes (1),(2),(3), and (4) the entities referenced therein may be deemed to constitute a group for purposes of Rule 13d-5(b)(1) under the Securities and Exchange Act of 1934. The filing of this statement shall not be construed as an admission that WA, WMSA, WMSP, WSCLSEA, WSCLSEP, PSA, PSP, and HFR are a group, or have agreed to act as a group. WA, WMSA, WMSP, WLSEA, WLSEP, PSA, PSP, HFR, and Gary Kohler, each disclaim beneficial ownership of the shares of common stock reported herein except to the extent of their pecuniary interest in such shares.

<u>/s/ Jonathan D. Wood</u> 10/26/2011

\*\* 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.