FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPR	OVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* GOLDFISCHER CARL						2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ ETRM ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
GOLDFISCHER CARL									_			X Directo	or	X	10% Ov	/ner		
(Last)	` ' ' ' '				3. Date of Earliest Transaction (Month/Day/Year) 03/25/2008						$\dashv$	Officer below)	(give title		Other (s below)	pecify		
BAY CITY CAPITAL LLC																		
750 BATTERY STREET				<u> </u>				(0): 15	104 115						(0)	P 11		
(Ctroot)					_   4.	f Amer	ndment, L	Date (	of Original File	ed (Month/D	ay/Year)	6. II	ndividual or 、 e)	Joint/Group	Filing	j (Check Ap <sub>l</sub>	olicable	
(Street) SAN													X Form f	iled by One	Repo	orting Person	n	
FRANCI	isco C	A	94111										Form f Persor		e thar	one Repor	ting	
(City)	(S	state)	(Zip)		-													
		Tab	le I - Nor	n-Deriv	vativ	e Sec	curities	Ac	quired, Di	sposed (	of, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			3. Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)				Benefici	es Formally (D) (Sollowing (I) (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) oi (D)	Price	Transaci (Instr. 3	ction(s)			(Instr. 4)		
		-							uired, Dis , options,				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ion Date ise (Month/Day/Year) if (M	3A. Deemed Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Ownership	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$8	03/25/2008			A		25,000		(1)	03/24/2018	Common Stock	25,000	\$0	25,000	0	D		

## **Explanation of Responses:**

1. 25% of the shares shall vest immediately, and the remaining shares shall vest 1/36 per month thereafter, as long as the reporting person remains a director of the company.

03/27/2008

Date

\*\* Signature of Reporting Person

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.