FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average burden								
l	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).

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]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FRIED	<u>IMAIN CE</u>	<u>ииг</u>			1					-				X Directo	r		10% Ow	ner	
(Last) (First) (Middle) 2800 PATTON ROAD						Date 0		Tran	saction (M	onth/	Day/Year)			Officer below)	(give title		Other (s below)	pecify	
						If Amc	ndment I	Date	Inc [ETRM] (Check all applicable) X Director 10% Owner Officer (give title below) By Director 10% Owner Officer (give title below) Golder (specify below) Golder (give title below) Golder (specify below) Golder (spec										
(Street) ST. PAU	L M	IN	55113		, 4.1	ii Aille	ilument, i	Date	oi Origiriai	riieu	(Month/Day	, real)	Line) X Form filed by One Reporting Person						
(City) (State) (Zip)														, aran	one riope.	9			
		Tal	hle I - Non	Doriv	ztiv	o So	curitio	<u> </u>	auirad	Die	nosed o	f or Bo	oficial	v Owned					
1. Title of Security (Instr. 3)				2. Trans	ransaction		2A. Deemed Execution Date, if any (Month/Day/Yea		3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3,		d (A) or	5. Amour Securitie Beneficia Owned F	s ally ollowing	Form: Direct (D) or Indirect		Indirect Beneficial Ownership	
									Code	V	Amount	(A) or	Price	Transact	ion(s)			insir. 4)	
						_	\vdash	+	(6)	+	,								
Common	Stock											12,	12,000		D				
														Owned					
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	Code (Inst				Expiration Date			of Securities Underlying Derivative Secu		Derivative Security	derivative Securities Beneficial Owned Following Reported Transactio	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)		ole		Title	or Number of						
Stock Option (Right to Buy)	\$7.46								04/27/200	7 ⁽¹⁾	04/27/2017		27,473		27,473	3	D		
Stock Option (Right to Buy)	\$4.4								05/06/200	8 ⁽¹⁾	05/06/2018		20,000		20,000)	D		
Stock Option (Right to Buy)	\$1.93								05/05/200	9 ⁽¹⁾	05/05/2019		10,000		10,000		D		
Stock Option (Right to	\$0.42	05/06/2010			A		10,000		05/06/201	0(1)	05/06/2020	Common Stock	10,000	\$0.00	10,000)	D		

Explanation of Responses:

 $1.\ Vests\ as\ to\ 25\%\ on\ date\ noted\ and\ thereafter\ in\ cumulative\ installments\ of\ 1/36th\ per\ month.$

/s/ Greg S. Lea, Attorney-in-

05/27/2010

<u>Fact</u>

** 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.