FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
l	OMB Number:	3235-0287									
	Estimated average burde	en									
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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

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1. Name and Address of Reporting Person* <u>Tweden Katherine S.</u>						2. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ETRM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (sine title Check (specify)					
(Last) (First) (Middle) 2800 PATTON ROAD						3. Date of Earliest Transaction (Month/Day/Year) 07/12/2011								X Officer (give title Other (specify below) Vice Pres-Research & Clinical					
(Street) ST. PAUL MN 55113					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								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	eu by Moi	e man	Опе кероі	lung	
		Tal	ble I - Non	-Deriv	vativ	e Se	curitie	s Ad	quired,	Dis	posed of	f, or Ber	eficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ear)	2A. Deemed Execution Date if any (Month/Day/Ye		Code (Instr.				r. 3, 4 and	Securitie Beneficia Owned F Reported	5. Amount of Securities Beneficially Owned Following Reported		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	Amount (A) or (D)		Transaction(s) (Instr. 3 and 4)					
Common	Stock)53		D		
			Table II - I						juired, D s, option					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 Day if any (Month/Day/	ate, T	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 of Securit Underlying Derivative (Instr. 3 and	es g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$2.76								(1)		08/16/2014	Common Stock	10,192		10,19	2	D		
Stock Option (Right to Buy)	\$2.76								(1)		04/27/2015	Common Stock	183		183		D		
Stock Option (Right to Buy)	\$2.76								(1)		04/20/2016	Common Stock	2,655		2,655		D		
Stock Option (Right to Buy)	\$1.9								10/29/2010	(2)	10/29/2017	Common Stock	1,454		1,454		D		
Stock Option (Right to Buy)	\$1.9								10/29/2010	(2)	10/29/2017	Common Stock	1,295		1,295		D		
Stock Option (Right to Buy)	\$1.9								10/29/2010	(2)	10/29/2017	Common Stock	2,136		2,136	,136 D			
Stock Option (Right to Buy)	\$1.9								10/29/2010	(2)	10/29/2017	Common Stock	20,416		20,41	6	D		
Stock Option (Right to Buy)	\$3.78								(1)		11/18/2019	Common Stock	16,666		16,66	6	D		
Stock Option (Right to Buy)	\$2.58								03/16/2011	(3)	02/16/2021	Common Stock	91,981		91,98	1	D		
Stock Option (right to buy)	\$2.67	07/12/2011			A		25,000		08/12/2011	(3)	07/12/2021	Common Stock	25,000	\$0.00	25,00	0	D		

Explanation of Responses:

2. Options vest 33% on date noted and thereafter at 1/24th per month.

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

/s/ Greg S. Lea, Attorney-in-Fact for Katherine S. Tweden

** Signature of Reporting Person

Date

07/19/2011

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.