FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | |
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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* Jansz Anthony P. 2. Date of Event Requiring Statement (Month/Day/Year) 05/05/2011 | | | | nent | 3. Issuer Name and Ticker or Trading Symbol EnteroMedics Inc [ETRM] | | | | | | | |
|--|---------------|----------------|---------------------|---|---|---|--|-------------------------------|--|---|--|--|
| (Last) 2800 PATTON | (First) | (Middle) | | | | tionship of Reporting Perso all applicable) Director Officer (give title | on(s) to Issuer 10% Owner Other (specify | | If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check | | | |
| (Street) ST. PAUL (City) | MN (State) | 55113 (Zip) | | | | below) | below) | | Appli X | • | y One Reporting Person y More than One erson | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | int of Securities ially Owned (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock | | | | | | 25,000 | I | | Family Trust ⁽¹⁾ | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year) | | | ate | 3. Title and Amount of Securi Underlying Derivative Securi | | ity (Instr. 4) Conve | | rcise | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | Date Exercisable | Expiratio Date | n Title | | Amount or Number of Shares | Price o Derivat Securit | tive | Direct (D) or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

1. The reporting person disclaims beneficial interest in the shares held by the Trust.

Remarks:

EXHBIT 24: Power of Attorney attached.

/s/ Mark B. Knudson,

Attorney-in-Fact for Anthony 05/09/2011

P. Jansz

** 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 5 (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.

POWER OF ATTORNEY

Know all by these presents, that I hereby constitute and appoint each of Mark B. Knudson and Greg S. Lea my true and lawful attorney-in-fact and agent, each acting along, with full power of substitution for me and in my name, place and stead, to:

- 1. execute for me and on my behalf, in my capacity as an officer and/or director of EnteroMedics Inc, Forms 3, 4 or 5 in accordance with Section 16(a) of the Securities Exchange Act of 1934, as amended, and the rules promulgated thereunder;
- 2. do and perform any and all acts for me and on my behalf which may be necessary or desirable to complete and execute any such Form 3, 4 or 5, complete and execute any amendment or amendments thereto and timely file such Form with the United States Securities and Exchange Commission and any stock exchange or similar authority; and
- 3. take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to me, in my best interest or legally required by me, it being understood that the documents executed by such attorney-in-fact on my behalf pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact's discretion.

I hereby grant to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted. I acknowledge that the attorneys-in-fact, in serving in such capacity at my request, are not assuming, nor is EnteroMedics Inc. assuming, any of my responsibilities to comply with Section 16 of the Securities Exchange Act of 1934, as amended.

This Power of Attorney shall remain in full force and effect until I am no longer required to file Forms 3, 4 and 5 with respect to my holdings of and transactions in securities of EnteroMedics Inc, unless earlier revoked by me in a signed writing delivered to the attorneys-in-fact named above.

IN WITNESS WHEREOF, I have signed this Power of Attorney on May 5, 2011.

/s/ Anthony P. Jansz

Anthony P. Jansz