Filipi Charles Form 4 September 30, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 4 or Form 5

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Filipi Charles			2. Issuer Name and Ticker or Trading Symbol SafeStitch Medical, Inc. [SFES.OB]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) C/O SAFESTI MEDICAL, 44 BLVD		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/28/2010	_X_ DirectorX_ 10% Owner _X_ Officer (give title Other (specify below) Chief Medical Officer		
MIAMI, FL 33			4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State)	(Zip) Tabl	e I - Non-D	erivative Se	ecuriti	es Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	09/28/2010		G <u>(1)</u>	700,000	D	\$ 0 (1)	707,046	D	
Common Stock	09/28/2010		<u>G(1)</u>	700,000	A	\$ 0 (1)	700,000	I	By wife
Common Stock							1,407,046	I	By grantor retained annuity trust (2)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	le and	8. Price of	9
Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	te	Amou	ınt of	Derivative	Ι
or Exercise		any	Code	of	(Month/Day/Y	(ear)	Under	lying	Security	S
Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	E
Derivative				Securities			(Instr.	3 and 4)		(
Security				Acquired						F
				(A) or						F
				Disposed						7
				of (D)						(
				(Instr. 3,						
				4, and 5)						
								Amount		
						*	Title			
					Exercisable	Date				
			Code V	(A) (D)				Shares		
	Conversion or Exercise Price of Derivative	Conversion (Month/Day/Year) or Exercise Price of Derivative	Conversion (Month/Day/Year) Execution Date, if or Exercise any (Month/Day/Year) Derivative	Conversion (Month/Day/Year) Execution Date, if Transaction or Exercise any Code Price of (Month/Day/Year) (Instr. 8) Derivative Security	Conversion or Exercise any Code of Price of Privative Security Execution Date, if any Code of (Instr. 8) Derivative Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Conversion (Month/Day/Year) Execution Date, if any Code of (Month/Day/Year) Code of (Month/Day/Year) Derivative Security Security Security Expiration Date, if any Code of (Month/Day/Year) (Instr. 8) Derivative Securities Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Exercisable	Conversion of Exercise any Execution Date, if any Code of (Month/Day/Year) Price of Privative Security Code of (Month/Day/Year) (Month/Day/Year) (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Expiration Date Expiration Date Code of (Month/Day/Year) (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Conversion (Month/Day/Year) Execution Date, if any Code of (Month/Day/Year) Under Security Code of (Month/Day/Year) Under Securities (Instr. 8) Derivative Securities (Instr. 8) Date Expiration Date Date Title	Conversion of Exercise any Code of (Month/Day/Year) any (Month/Day/Year) (Instr. 8) Derivative Securities Derivative Security Securities Securities (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Expiration Date Amount of (Month/Day/Year) (Instr. 3, 4, and 5) Amount of (Month/Day/Year) (Instr. 8) Derivative Securities Code of (Month/Day/Year) (Instr. 8) Derivative Securities Securities (Instr. 3 and 4) Amount of (Month/Day/Year) (Instr. 3, 4, and 5)	Conversion or Exercise Price of Derivative Price of Security (Month/Day/Year) (Month/Day/Year) (Instr. 8) Derivative Security (Instr. 8) Derivative Securities Securities (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Expiration Date (Month/Day/Year) (Instr. 5) Date Expiration Date (Month/Day/Year) (Instr. 5) Date Expiration Date (Month/Day/Year) (Instr. 5) Date Expiration Date (Instr. 5) Date Date Or Number Of (D) (Instr. 3, 4, and 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Filipi Charles C/O SAFESTITCH MEDICAL 4400 BISCAYNE BLVD MIAMI, FL 33137	X	X	Chief Medical Officer				

Signatures

Reporting Person

Charles J. Filipi, 09/30/2010 M.D. **Signature of Date

Explanation of Responses:

- 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).
- This transaction involved a gift of 700,000 shares by the reporting person to his wife. The reporting person disclaims beneficial (1) ownership of the shares held by his wife, and this report shall not be demeed an admission that the reporting person is the beneficial owner of his wife's shares for purposes of Section 16 or for any other purpose.
- These share were previously reported as directly beneficially owned but were contributed to a grantor retained annuity trust on March 26, **(2)** 2010.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2

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