FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPR	ROVAL
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l	OMB Number:	3235-0287
l	Estimated average but	rden
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

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1. Name and Address of Reporting Person* SLATTERY JOSEPH P					2. Issuer Name and Ticker or Trading Symbol TRANSENTERIX INC. [ TRXC ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				-	Transfer in the second								Director			10% Owner		· I
													X	Officer ( below)	give title		Other (s	pecify
(Last)	(F	irst)	(Middle)			of Earliest	Trans	saction (Mo	nth/D	ay/Year)				below)	DI ID	1.01	,	
C/O TRANSENTERIX, INC.			1	10/25/2016								EVP and CFO						
035 DAV	VIS DRIVE	, SUITE 300			If A ma		>a+a a	of Original	⊏:lod	/Manth/Da	(\(\alpha = \pi\)		` Im ali	uidual au 1	-i+/C ==	Filing	(Chaal: Ann	liaabla
				4	. If Am	endment, I	Jate c	or Original	-iiea	(Month/Da	ıy/Year)		. Inai Line)	vidual or Jo	oint/Group	Filing	(Check App	licable
(Street)		_											X	Form fil	ed by One	Repo	rting Persor	.
MORRI	SVILLE N	C	27560											Form fil	ed by Mor	e than	One Repor	tina
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(City)	(S	State)	(Zip)															
											_							
		Та	ble I - Non	-Derivat	ve S	ecuritie	s Ac	quired,	Dis	posed c	of, or B	enefici	ally	Owned				
1. Title of Security (Instr. 3) 2. Trans							3.				ired (A) or	or 5. Amount of					7. Nature of	
			Date (Month/Day	/Year)	Execution Date, if any		, Transaction Disposed Code (Instr.		sed Of (D) (Instr. 3, 4 and		and 5) Securities Beneficial Owned Fo Reported					Indirect Beneficial		
		` ' '		(Month/Day/Year									ollowing (I)		(Instr. 4)	Ownership (Instr. 4)		
							Code	v	Amount	(A) or P		- Δ	Transacti	ion(s)			(111341.4)	
								Coue		Amount		Pric	(Instr. 3 a		ınd 4)			
			Table II - I	Derivativ	e Sec	curities	Aca	uired. D	ispo	sed of	or Be	neficial	lv O	wned				
				e.g., put														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe			_					8. Price of	9. Numbe	r of	10.	11. Nature
Derivative	Conversion	n Date	Execution Da	te, Transaction		n Derivative E		6. Date Exercisable and Expiration Date 7. Title and Amo of Securities			rities	Derivative		derivative		Ownership	of Indirect	
(Instr. 3) Price of Derivative (Month/Day/Year)					ode (Instr.   Securities   (Month/Day/Year)   Underlying   Derivative Secu							Security (Instr. 5)	Securities Beneficially			Beneficial Ownership		
				(21)	or Disposed (Instr. 3 and 4)							(ilisti. 5)		Owned		or Indirect (I	(Instr. 4)	
Security				of (D) (Instr. 3, 4 and 5)										Following Reported		(I) (Instr. 4)		
					<del></del>		-,						$\overline{}$		Transact	ction(s)		
											l	Amoun or			(Instr. 4)			
				Code	l <sub>v</sub>	(A)	(D)	Date Exercisab		xpiration ate	Title	Numbe of Shai						
Cr1					<del>l'</del>	1.7	(-,		+		-	_			<del>                                     </del>			<del>                                     </del>
Stock	\$1.53	10/25/2016	1	A	1	150,000	Ιl	(1)	1	0/25/2026	Commo	<sup>n</sup>   150,0	00	\$0.00	150,0	00	D	

## **Explanation of Responses:**

1. Vests 25% on the first anniversary of the date of grant and 1/48th of the entire award monthly on the vesting date anniversary for 36 months, subject to acceleration as set forth in the Incentive Plan.

## Remarks:

/s/ Joshua Weingard, as Attorney-in-Fact for Joseph

10/27/2016

**Slattery** 

\*\* 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.