SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	urden								
hours per response.	0.5								

											ompany Act o										
							2. Issuer Name and Ticker or Trading Symbol SafeStitch Medical, Inc. [SFES.OB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) 4400 BISCAYNE BLVD.						3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (s 06/22/2010 below) below)											er (specify ow)				
(Street) MIAMI FL 33137					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City) (State) (Zip)															Peis	5011					
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quirec	l, Di	sposed o	f, or Be	enefi	cial	ly Owne	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Exec if an	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Disposed O 5)					s Illy ollowing	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)				(1150.4)		
Common Stock				06/22/2	/22/2010				Р		5,000	A	\$1	\$1.5 5,4		5,425,265		I	Frost Gamma Investments Trust ⁽¹⁾		
		Та	ble II -								osed of, o convertib				Owned						
1. Title of Derivative Security (Instr. 3)	1. Title of 2. 3. Transaction 3A. Deervet Derivative Conversion Date Execution D. Security or Exercise (Month/Day/Year) if any			med on Date,	4. Transa Code (I 8)	ction	5. Number on of		6. Date Exerci Expiration Da (Month/Day/Y		isable and ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			3. Price of Derivative Security Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	ee Owners es Form: ally Direct (or Indin g (I) (Insti		Beneficial) Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Amoun or Numbe of Shares								
		Reporting Person [*] P MD ET AL																			
(Last) 4400 BIS	SCAYNE B	(First) LVD.	(Mi	ddle)																	
(Street) MIAMI		FL	33	137																	
(City)		(State)	(Zip	D)																	
		Reporting Person [*] vestments Tru	<u>15t</u>																		
(Last) 4400 BIS SUITE 1	SCAYNE B	(First) LVD.	(Mi	ddle)																	
(Street) MIAMI		FL	33	137																	

Explanation of Responses:

(State)

(Zip)

1. These securities are held by Frost Gamma Investments Trust, of which the Reporting Person is the trustee. Frost Gamma Limited Partnership is the sole and exclusive beneficiary of Frost Gamma Investments Trust. The Reporting Person is one of two limited partners of Frost Gamma Limited Partnership. The general partner of Frost Gamma Limited Partnership is Frost Gamma, Inc. and the sole shareholder of Frost Gamma, Inc. is Frost-Nevada Corporation, of which the Reporting Person is the sole shareholder.

Remarks:

(City)

/s/ Phillip Frost, M.D. 06/23/2010

Phillip Frost, M.D., as Trustee 06/23/2010 Date

** Signature of Reporting Person

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

 \ast 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.

Exhibit 99

JOINT FILER INFORMATION

NAME: Frost Gamma Investments Trust
ADDRESS: 4400 Biscayne Blvd.
Miami, FL 33137
Designated Filer: Phillip Frost, M.D.
Issuer and Ticker Symbol: SafeStitch Medical, Inc. (SFES.OB)
Date of Event Requiring Statement: June 22, 2010
FROST GAMMA INVESTMENTS TRUST
by: /s/ Phillip Frost, M.D.

Phillip Frost, M.D., Trustee