FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

l	OMB APPROVAL								
	OMB Number: 3235-0287								
	Estimated average burden								
	hours per response:	0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*  Same general Leffrence Communications					2. Issuer Name and Ticker or Trading Symbol SafeStitch Medical, Inc. [ SFES.OB ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Spragens Jeffrey G				-	Sarcotten medicus, mei [ of 10.00 ]								X Director		X	10% Ov	vner			
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/10/2010							X Officer (give title below)			Other (s	specify			
4400 BISCAYNE BLVD					10.	09/10/2010								President and CEO						
(Street)					<u> 4.</u>	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ir	. Individual or Joint/Group Filing (Check Applicable							
MIAMI	FI	ب	33137										- 1	X Form filed by One Reporting Person						
(City)	(Si	ate)	(Zip)		-									Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Tran			nsactio	1		3. 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		ed (A) or	s. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership							
										v	Amount	(A) (D)	or Price	Reported Transaction (Instr. 3 and				(Instr. 4)		
Common Stock 09/			10/20	/2010		С		106,63	106,638 <sup>(1)</sup>		1,841	1,605	D							
Common Stock 09/10			10/20	/2010		J <sup>(2)</sup>		17,04	17,042 <sup>(2)</sup> A \$		1,858,647			D						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Date,	4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisa Expiration Date (Month/Day/Yea		e	Securities Under		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	ve es ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)					
10% Series A Convertible Preferred Stock	\$1 <sup>(1)</sup>	09/10/2010			С			100,000	01/12/2	010	(3)	Common Stock	106,638 <sup>(1</sup>	\$1	0		D			

## **Explanation of Responses:**

- 1. The 10% Series A Convertible Preferred Stock was convertible into SafeStitch Medical, Inc. common stock at a price of \$1.00 per share (equivalent to a conversion ratio of one share of common stock for each share of 10% Series A Convertible Preferred Stock, exclusive of accrued and unpaid dividends). The number of shares acquired includes 6,638 shares issued upon conversion of accrued and unpaid dividends.
- 2. Represents additional shares acquired by the Reporting Person pursuant to the Issuer's offer of additional shares of common stock to encourage holder-initiated conversion of 10% Series A Convertible Preferred Stock
- 3. The 10% Series A Convertible Preferred Stock has no expiration date.

## Remarks:

/s/ Jeffrey G. Spragens

09/13/2010

\*\* 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.