FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*						2. Issuer Name and Ticker or Trading Symbol SafeStitch Medical, Inc. [SFES]								all applic Directo	able) r	g Pers	on(s) to Issu 10% Ow	ner	
(Last) (First) (Middle) C/O SAFESTITCH MEDICAL, INC. 4400 BISCAYNE BLVD.						3. Date of Earliest Transaction (Month/Day/Year) 02/11/2009								X Officer (give title below) Other (specify below)					
(Street) MIAMI FL US 33137 (City) (State) (Zip)				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv ne) X	<i>'</i>					
		Tal	ole I - Non-I	Derivati	ve Se	ecuritie	s Ac	quired, [Disp	osed o	f, or Be	neficia	lly (Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	Code V Am		(A) or (D)		•	Reported Transaction(s) (Instr. 3 and 4)				(iiisti. 4)		
			Table II - De					uired, Di , options						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Code	4. Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amour or Number of Shares	er						
Stock Options	\$0.8	02/11/2009		A		85,000		02/11/2010	1) 0	02/11/2016	Common Stock	85,00	0	\$0 ⁽²⁾	85,000)	D		

Explanation of Responses:

- 1. Of the 85,000 options reported on this Form 4, 25% vest on February 11th of each of 2010, 2011, 2012 and 2013.
- 2. Received under the Issuer's 2007 Incentive Compensation Plan.

/s/ Stewart B. Davis 02/12/2009

** 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.