FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
bligations may continue. See	
netruotion 1/h)	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
OMB Number: 3235-028											
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l	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* SLATTERY JOSEPH P						2. Issuer Name and Ticker or Trading Symbol TRANSENTERIX INC. [TRXC.OB]								eck all applica Director	,		erson(s) to Issuer 10% Owner Other (specify			
(Last) (First) (Middle) C/O TRANSENTERIX, INC. 635 DAVIS DRIVE, SUITE 300							3. Date of Earliest Transaction (Month/Day/Year) 12/06/2013								EVP and CFO					
(Street) MORRISVILLE NC 27560 (City) (State) (Zip)						Line) X Form filed b									ed by O	t/Group Filing (Check Applicable by One Reporting Person by More than One Reporting				
		Та	ble I - No	on-Dei	rivativ	ve S	ecuri	ities Acc	quired	l, Dis	sposed o	f, or Ber	neficially	Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ear) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at			and 5) Securities Beneficially Owned Foll		6. Owne Form: D (D) or In (I) (Instr.	irect direct . 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)			
Common Stock 12/06/					6/201	2013			С		250,000	A	\$0.4	250,000		I		Held by Reporting Person and Spouse as JTWROS ⁽¹⁾		
			Table II								osed of, convertib			Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	ed Date,	4. Transa Code (8)	action	5. Ni Deri Secu Acqu or D	umber of vative urities uired (A) isposed D) (Instr. 3,		Exerc	isable and	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivat Securi Benefi Owned Follow Report	tive ties cially I ing	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		(Instr.					
Series B Convertible Preferred Stock	(2)	12/06/2013			С			25,000 ⁽²⁾	(2))	(2)	Common Stock	250,000	\$0.00		0	I	Held by Reporting Person and Spouse as		

Explanation of Responses:

- 1. On September 17, 2013, SafeStitch Medical, Inc. (the "Issuer") sold and issued to the Reporting Person and his spouse, as JTWOS, in a privately negotiated transaction pursuant to a securities purchase agreement, an aggregate of 25,000 shares of the Issuer's Series B convertible preferred stock at a purchase price of \$4.00 per share. Upon the filing of an Amended and Restated Certificate of Incorporation by the Issuer with the State of Delaware, each share of the Issuer's Series B convertible preferred stock will automatically convert into ten (10) shares of the Issuer's common stock.
- 2. Upon the filing of the Issuer's Amended and Restated Certificate of Incorporation on December 6, 2013, each issued and outstanding share of Series B Convertible Preferred Stock automatically converted into ten (10) shares of the Issuer's common stock. The Series B Convertible Preferred Stock has no expiration date.

Remarks:

Joseph P. Slattery

12/10/2013

** 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.