FORM 4

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

Washington, D.C.	20549
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Wasiiiigtoii, D.C. 20549	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235

	OMB Number:	3235-0287
	Estimated average burde	en
1	hours ner resnonse:	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

1. Name and Address of Reporting Person*  HSIAO JANE PH D					2. Issuer Name and Ticker or Trading Symbol SafeStitch Medical, Inc. [ SFES ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner					
(Last) 4400 BIS	(F SCAYNE B	irst) LVD	(Middle)		- 1	3. Date of Earliest Transaction (Month/Day/Year) 10/25/2012							Officer (give title X Other (specify below)  Chairman of the Board					
(Street) MIAMI (City)	F	L tate)	33137 (Zip)		4.	. If Ame	endme	ent, Date (	of Origir	nal File	ed (Month/Da	y/Year)	6. Lin	X Form fil	ed by C	up Filing One Report More than	rting Pers	on
(0.5)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N			action	on 2A. Deemed Execution Date,			3. 4. Securities Disposed O Code (Instr.		of, or Benefici es Acquired (A) or of (D) (Instr. 3, 4 and		5. Amount of		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(				,
Common Stock 10/25			5/2012	2			х		785,383	A	\$0.25	785,38	3	I	0	he Frost Froup LC <sup>(1)</sup>		
Common Stock													7,303,9	65	D			
Common Stock													1,913,4	70	I	Iı	isu Gamma nvestments, .P. <sup>(2)</sup>	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Security or Exercise (Month/Day/Year) Execution Date, if any				5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security (Instr. 5) B O F		Number of 10 rivative Ov curities neficially or Illowing ported ansaction(s)		ct (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title			(Instr.			
Warrants	\$0.25	10/25/2012			X			785,383	09/04/	2007	09/04/2017	Common Stock	785,383	\$0.00		0	I	The Frost Group, LLC <sup>(3)</sup>

## **Explanation of Responses:**

- 1. These securities are held by The Frost Group, LLC, of which the Reporting Person is a member. The Reporting Person disclaims beneficial ownership of these securities, except to the extent of any pecuniary interest therein. Immediately following the exercise of the warrant, The Frost Group, LLC distributed these 785,383 shares of common stock to its members. In such distribution, the Reporting Person received 133,716 shares of common stock, and the other members received the balance of the shares.
- 2. Dr. Hsiao is the general partner of Hsu Gamma Investments, L.P. and disclaims benenficial ownership in the shares held by such entity except to the extent of her pecuniary interest therein.
- 3. These securities are held by The Frost Group, LLC, of which the Reporting Person is a member. The Reporting Person disclaims beneficial ownership of these securities, except to the extent of any pecuniary interest therein.

## Remarks:

/s/ Jane H. Hsiao

10/29/2012

\*\* Signature of Reporting Person

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.