FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* <u>HSIAO JANE PH D</u>						2. Issuer Name and Ticker or Trading Symbol SafeStitch Medical, Inc. [SFES.OB]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) 4400 BISCAYNE BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2010								Officer (give title below) Chairman of the Board						
(Street) MIAMI (City)	FL (St		33137 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	ed, Di	sposed o	f, or B	enefici	ally Own	ed				
Date		2. Transacti Date (Month/Day		Execution Date,		·	3. 4. Securities Acqui Disposed Of (D) (In 5)				Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Ì	Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 06/15.			06/15/20)10	10			P		1,300,000	A	\$1	1,36	1,360,000		I	Hsu Gamma Investments, L.P. ⁽¹⁾		
Common Stock						2,803,965			D										
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Security or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		t		ve es ially ng ed ction(s)	10. Ownersl Form: Direct (E or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Number of Shares						

Explanation of Responses:

1. 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.

Remarks:

Jane H. Hsiao

06/17/2010

** 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.