Stauner James P Form 4 September 01, 2011

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response... 0.5

See Instruction 1(b).

(City)

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person * Stauner James P			2. Issuer Name and Ticker or Trading Symbol UROPLASTY INC [UPI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	(Check an applicable)		
			(Month/Day/Year)	X Director 10% Owner		
UROPLASTY, INC., 5420 FELTL ROAD			08/30/2011	Officer (give title below) Other (spe		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person		
MINNETONKA, MN 55343				Form filed by More than One Reporting Person		

	(City)	(State)	Tab	le I - Non-I	Derivative Sec	urities Acqu	nred, Disposed of	, or Beneficiall	y Owned
1.T	itle of	2. Transaction Date	2A. Deemed	3.	4. Securities	Acquired	5. Amount of	6.	7. Nature of
Sec	curity	(Month/Day/Year)	Execution Date, if	Transactio	n(A) or Dispos	sed of (D)	Securities	Ownership	Indirect
(In	str. 3)		any	Code	(Instr. 3, 4 an	d 5)	Beneficially	Form: Direct	Beneficial
			(Month/Day/Year)	(Instr. 8)			Owned	(D) or	Ownership
							Following	Indirect (I)	(Instr. 4)
						`	Reported	(Instr. 4)	
					(A		Transaction(s)		
				Code V	Amount (D		(Instr. 3 and 4)		
	mmon ock	08/30/2011		S	7,100 D	\$ 5.9409	20,025 (1)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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/Year)	4. Transactic Code (Instr. 8)	5. DenNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Non-qualified stock options	\$ 0.77					09/15/2009	09/14/2014	common stock	15,000
Non-qualified stock options	\$ 4.16					09/14/2011	09/13/2017	common stock	6,175

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Stauner James P							
UROPLASTY, INC.	X						
5420 FELTL ROAD	Λ						

Signatures

MINNETONKA, MN 55343

Larry Bakeman 09/01/2011

**Signature of Date
Reporting Person

Explanation of Responses:

- * 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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$5.85 to \$6.05 per share, inclusive. The reporting person undertakes to provide to Uroplasty, Inc., any security holder of Uroplasty, Inc, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote (1).

Remarks:

Signature is on behalf of Mr. Stauner.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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