### Edgar Filing: SafeStitch Medical, Inc. - Form 4

	Medical, Inc.											
Form 4 March 14, 2												
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FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										3235-0287		
Check th if no lon subject to Section Form 4 Form 5 obligation may corn <i>See</i> Insta 1(b).	nger to 16. or Filed pu ons Section 17	<b>TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> I pursuant to Section 16(a) of the Securities Exchange Act of 1934, a 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								F Estim burde respo	Expires: January Estimated average burden hours per response	
(Print or Type	Responses)											
FROST PHILLIP MD ET AL Symbol SafeSti					edic	l Ticker or cal, Inc.	Tradiı	ıg	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 4400 BISC	(First)	(Middle)	3. Date o (Month/I 03/14/2	Day/Yea		ransaction			Director Officer (gi below)	ive titleX		
				endment, Date Original onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person _X_ Form filed by More than One Reporting			
(City)	(State)	(Zip)	Tab	lo I - N	on-I	Dorivotivo	Socur	itios Ac	Person cquired, Disposed	of or Bon	oficially	Owned
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		ned 1 Date, if	3.	actio 8)	4. Securit n(A) or Di (D) (Instr. 3, 4)	ies Ac sposed	quired l of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	7. N p Indi Ben ) Owr	ature of
Common Stock	03/14/2008			P	v V	15,000 (1)	(D) A	\$ 3 (1)	4,046,565	I	Inv	st mma estments st <sup>(2)</sup>

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Transac Code (Instr. 8)	5. tionNumber of ) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying rities (. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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# **Reporting Owners**

Reporting Owner Name / Address		Relationships								
	Director	10% Owner	Officer	Other						
FROST PHILLIP MD ET 4400 BISCAYNE BOULH MIAMI, FL 33137-3227			Х							
Frost Gamma Investment 4400 BISCAYNE BOULE MIAMI, FL 33137-3227		Х								
Signatures										
/s/ Phillip Frost, M.D.	03/14/	2008								

<u>\*\*</u>Signature of Reporting Person Date

# **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).
- (1) These shares of common stock were acquired in a private transaction and are "restricted securities" as such term is defined by Rule 144 under the Securities Act of 1933, as amended.

These securities are held by Frost Gamma Investments Trust, of which the Reporting Person is the trustee. Frost Gamma Limited

(2) Partnership is the sole and exclusive beneficiary of Frost Gamma Investments Trust. The Reporting Person is one of two limited partners of Frost Gamma Limited Partnership. The general partner of Frost Gamma Limited Partnership is Frost Gamma, Inc., and the sole shareholder of Frost Gamma, Inc. is Frost-Nevada Corporation, of which the Reporting Person is the sole shareholder.

#### **Remarks:**

## Exhibit List: Exhibit 99 -- Joint Filer Information

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.