SafeStitch Medical, Inc. Form 4 September 05, 2013

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Washington, D.C. 20549 Number:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

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

(Print or Type Responses)

1(b).

(Last)

(City)

Security

(Instr. 3)

200

1. Name and Address of Reporting Person * **Dougherty Dennis**

(Street)

(State)

2. Issuer Name and Ticker or Trading Symbol

SafeStitch Medical, Inc. [SFES.OB]

(First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year) 09/03/2013

102 CITY HALL PLAZA, SUITE

4. If Amendment, Date Original

Filed(Month/Day/Year)

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

5. Relationship of Reporting Person(s) to

(Check all applicable)

10% Owner Other (specify

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Issuer

below)

X_ Director

Officer (give title

DURHAM, NC 27701

1. Title of 2. Transaction Date 2A. Deemed

(Month/Day/Year) Execution Date, if

(Zip)

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

or

Owned

5. Amount of Securities Beneficially Following Reported Transaction(s)

(Instr. 3 and 4)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership

(Instr. 4) (Instr. 4)

OMB APPROVAL

Expires:

response...

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

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

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

3. Transaction Date 3A. Deemed 1. Title of 4. 5. Number of 6. Date Exercisable and 7. Title and Amount of Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date Underlying Securities** Security or Exercise any Code Securities (Month/Day/Year) (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	1	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)					
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Series B Preferred Stock	\$ 0.4 (1)	09/03/2013		P		598,706 (1)		<u>(1)</u>	(2)	Common Stock	5,987,060

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Dougherty Dennis
102 CITY HALL PLAZA, SUITE 200 X

DURHAM, NC 27701

Signatures

/s/ Dennis
Dougherty

**Signature of Date

**Signature of 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).
 - On September 3, 2013, SafeStitch Medical, Inc. (the "Issuer") sold and issued to Intersouth Partners VII, L.P., in a privately negotiated transaction pursuant to a securities purchase agreement, an aggregate of 598,706.0 shares of the Issuer's Series B convertible preferred
- (1) stock at a purchase price of \$4.00 per share. Upon the filing of an Amendment to the Issuer's Certificate of Incorporation 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) The Series B Preferred Stock has no expiration date.

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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