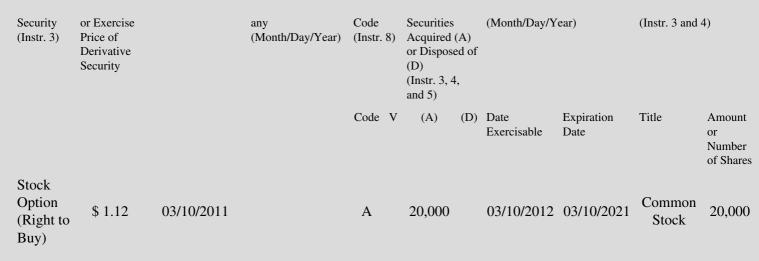
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Wayne Key Form 4										
March 11,								OMB A	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									3235-0287	
if no lo subject Sectior Form 4 Form 5 obligat may co	Washington, D.C. 20549Check this box f no longer ubject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OW SECURITIESSorm 4 or Form 5 biligations nay continue.Statement of Section 16(a) of the Securities Exchang Section 17(a) of the Public Utility Holding Company Act of 30(h) of the Investment Company Act of 19				nge Act of 1934, of 1935 or Sectio	Estimated burden hou response	January 31, 2005 average urs per			
1(b).					-					
(Print or Type	e Responses)									
1. Name and Address of Reporting Person <u>*</u> Wayne Kevin			2. Issuer Name and Ticker or Trading Symbol SafeStitch Medical, Inc. [SFES]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)				.~~]	(Che	ck all applicabl	e)	
C/O SAFE MEDICAI BLVD	ESTITCH L, 4400 BISCAYN	١E	(Month/ 03/10/2	Day/Year) 2011			X Director Officer (giv below)		% Owner her (specify	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			d	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MIAMI, F	FL 33137							More than One R		
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivative	Securities A	cquired, Disposed of	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: R	eport on a separate line	e for each c	lass of sec	urities bene	ficially ow	ned directly o	or indirectly.			
					inforr requi	nation cont red to respo ays a curre	spond to the colle tained in this form ond unless the for ntly valid OMB co	are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible s	Beneficially Owned securities)	l		
		saction Date /Day/Year)			4. Transact	5. Number iorDerivative			7. Title and Amount of Underlying Securities	

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Reporting Owners

Reporting Owner Name / Addre	288	Relationsh		
	Director	10% Owner	Officer	Other
Wayne Kevin C/O SAFESTITCH MEDICA 4400 BISCAYNE BLVD MIAMI, FL 33137	AL X			
Signatures				
/s/ Kevin Wayne	03/11/2011			
**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).

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.