FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* FROST PHILLIP MD ET AL							2. Issuer Name and Ticker or Trading Symbol SafeStitch Medical, Inc. [ SFES.OB ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner  Officer (give title Other (speci below)					
(Last) (First) (Middle) 4400 BISCAYNE BLVD						3. Date of Earliest Transaction (Month/Day/Year) 03/22/2013								below)			below	)	
(Street) MIAMI	F	L	33137			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)																
			Table I - N	lon-D	eriva	ative	Securities	Ac	quire	d, Di	sposed o	f, or Bei	neficially	Owned					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution Date,				s Acquired (A) or f (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		<u> </u>		()	
Common Stock 03/22					/22/20	2013			P		2,000,000	(1) A	\$0.25	13,122,346		I		Frost Gamma Investment Trust <sup>(2)</sup>	ts
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 Da if any (Month/Day/)	Code			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expira (Month	tion D				8. Price of Derivative Security (Instr. 5)	9. Nun deriva Securi Benefi Owned Follow Repor	ities icially d ving	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Benefici Ownersh ct (Instr. 4)	ect ial hip
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares			action(s)			
Warrants	\$0.33	03/22/2013			P		1,000,000 <sup>(1)</sup>		03/22/	/2013	03/22/2018	Common Stock	1,000,000	\$0.00 <sup>(1)</sup>	1,00	0,000	I	Frost Gamma Investme Trust <sup>(2)</sup>	ents

## **Explanation of Responses:**

- 1. On March 22, 2013, the issuer sold and issued to Frost Gamma Investments Trust, in a privately negotiated transaction pursuant to a stock purchase agreement, an aggregate of 2,000,000 shares of the issuer's common stock at a purchase price of \$0.25 per share and warrants to purchase an additional 1,000,000 shares of the issuer's common stock with a warrant exercise price of \$0.33 per share.
- 2. These securities are held by Frost Gamma Investments Trust, of which the Reporting Person is the trustee. Frost Gamma Limited Partnership is the sole and exclusive beneficiary of Frost Gamma Investments Trust. The Reporting Person is one of two limited partners of Frost Gamma, Inc. is Frost-Nevada Corporation, of which the Reporting Person is the sole shareholder of Frost Gamma, Inc. is Frost-Nevada Corporation, of which the Reporting Person is the sole shareholder.

## Remarks:

/s/ Phillip Frost, M.D.

03/2<u>6/2013</u>

\*\* 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.

Exhibit 99

JOINT FILER INFORMATION

NAME: Frost Gamma Investments Trust

4400 Biscayne Blvd. Miami, FL 33137 ADDRESS:

Designated Filer: Phillip Frost, M.D.

SafeStitch Medical, Inc. (SFES.OB) Issuer and Ticker Symbol:

Date of Event Requiring Statement: March 22, 2013

FROST GAMMA INVESTMENTS TRUST

/s/ Phillip Frost, M.D. by:

Phillip Frost, M.D., Trustee