FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

washington, D.C. 20049	OMB APPR		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:		

	OMB APPROVAL				
CIAL OWNERSHIP	OMB Number:	3235-028			
WILL OWNER OF IN	Estimated average	ge burden			

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* <u>Davis Stewart B</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol SafeStitch Medical, Inc. [ SFES.OB ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) 4400 BISCAYNE BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 03/18/2008							X Officer (give title Other (specify below) COO & Secretary				
(Street) MIAMI (City)	FI (S		33137 (Zip)	4.	If Ame	endment, I	Date o	f Original File	d (Month/Da	y/Year)	Line	) <mark>X</mark> Form fi	oint/Group Filin led by One Re led by More th	porting Persor	1	
		Tal	ole I - Non-	Derivati	ve Se	curitie	s Ac	quired, Di	sposed o	f, or Ber	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date			2. Transactio Date (Month/Day/	2A. Deemed Execution Date,		3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amour Securitie Beneficia Owned F	s Forn ally (D) o ollowing (I) (Ir	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
			Code V			Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)				
			Table II - D (e					uired, Dis , options,				Owned	•	,		
1. Title of Derivative Security (Instr. 3)			Code	ansaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)			es g Security	8. Price of Derivative Security (Instr. 5)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock	\$3.1	03/18/2008		A		10.000		03/18/2009 <sup>(1)</sup>	03/18/2015	Common	10 000	\$0.00(2)	10 000(3)	D		

## **Explanation of Responses:**

- $1. \ Of the \ 10,000 \ options \ reported \ on \ this \ Form \ 4,25\% \ vest \ on \ March \ 18th \ of each \ of \ 2009, 2010, 2011 \ and \ 2012.$
- 2. Received under the Issuer's 2007 Incentive Compensation Plan.
- 3. Does not include 88,667 options to purchase the Issuer's common stock, which were previously granted to the Reporting Person outside of the Issuer's 2007 Incentive Compensation Plan.

/s/ Dr. Stewart B. Davis

03/20/2008

\*\* 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.