FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average 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

					- 01 -	Section	1 30(11)	or tire	iiivesiii	nent C	company Act	01 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]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner								
(Last) 4400 BIS	(Fi	· ·	(Aliudia)				3. Date of Earliest Transaction (Month/Day/Year) 02/17/2012							Officer (give title Other (specify below) below)						
(Street) MIAMI	FL	. 3	33137		4. If	4. If Amendment, Date of Original Filed (Month/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 Person								
(City)	(St	ate) (Zip)																	
		Tabl	le I - N			_			_	d, Di	isposed o	-								
Date		2. Transacti Date (Month/Day	Exe y/Year) if ar		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 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) o (D)	r Price	Transaction		ion(s)	· I - I		(msu. 4)	
Common Stock			02/17/20	012				P		4,500,000 A S		\$0).4	10,478,735		I		Frost Gamma Investments Trust ⁽¹⁾		
		Та	able II								oosed of, convertib				Owned					
Derivative Conversion Date Security Or Exercise (Month/Day/Year) if		Execut if any	cution Date, Ti		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exer ation D h/Day/		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		(B. Price of Derivative Security Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	re es ally g	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Numbe of Shares	er						
		Reporting Person*	ı																	

1. Name and Address of Reporting Person* FROST PHILLIP MD ET AL									
(Last)	(First)	(Middle)							
4400 BISCAYNE BLVD									
(Street) MIAMI	FL	33137							
(City)	(State)	(Zip)							
Name and Address of Reporting Person* Frost Gamma Investments Trust									
(Last)	(First)	(Middle)							
4400 BISCAYNE BLVD.									
SUITE 1500									
(Street)									
MIAMI	FL	33137							
(City)	(State)	(Zip)							

Explanation of Responses:

1. 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 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:

/s/ Phillip Frost, M.D.

02/22/2012

** 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

ADDRESS: 4400 Biscayne Blvd.

Miami, FL 33137

Designated Filer: Phillip Frost, M.D.

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

Date of Event Requiring Statement: February 17, 2012

FROST GAMMA INVESTMENTS TRUST

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

Phillip Frost, M.D., Trustee $\,$