FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per respons	e· 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

Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Month/Day/Year)	1. Name and Address of Reporting Person* Milne David Bruce					2. Issuer Name and Ticker or Trading Symbol TRANSENTERIX, INC. [TRXC]									(Check all app		olicable) etor		erson(s) to Issuer 10% Owner	
4. If Amendment, Date of Original Filed (Month/Day/Year) (Street) MORRISVILLE NC (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 4) 2. Transaction (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 4) 2. Transaction (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 4) 2. Transaction (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 4) 2. Transaction (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 4) 2. Transaction (Month/Day/Year) (Month/Da	CO/ TRANSENTERIX 635 DAVIS DRIVE																			specify
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Explanation of Responses:

1. Represents an equity award issued under the Registrant's Amended and Restated Incentive Compensation Plan in lieu of an annual cash retainer, paid quarterly in arrears for the quarter ended September 30, 2020.

Remarks:

/s/ Joshua Weingard, as 10/02/2020 attorney-in-fact for David B. Milne

** 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.