## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPRO	DVAL
OMB Number:	3235-0287
Estimated average burd	len
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* 2. I					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer						
FROST PHILLIP MD ET AL				Sa	SafeStitch Medical, Inc. [ SFES.OB ]							(Check all applicable)  Director X 10% Owner				6 Owner			
I (Last) (First) (Middle) I							3. Date of Earliest Transaction (Month/Day/Year) 06/15/2010							Officer (give title Other (specify below) below)					
(Street) MIAMI (City)	FL (St		33137 Zip)		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					
		Tabl	e I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	isposed o	f, or E	Benefic	cially	y Own	ed			
			2. Transact Date (Month/Day		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 ar 5)		Beneficially Owned Following		s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) o	Price	Troposition(s)			(Instr. 4)		
Common Stock 06/1			06/15/2	010		P		1,300,000	A	\$:	1	5,415,265		I		Frost Gamma Investments Trust <sup>(1)</sup>			
		Та	ıble II								oosed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year) if any (Month/Day/Year)			ion Date,	4. Transaction Code (Instr. 8)				6. Date Expira (Monti	tion D		Amount of		8. Price of Derivative Security (Instr. 5)		9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	Ownersh Form: Direct (D or Indire g (I) (Instr.		Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						
1		Reporting Person*																	

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)							
1. Name and Address of Reporting Person* <u>Frost Gamma Investments Trust</u>									
(Last)	ust) (First)								
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. 06/17/2010
Phillip Frost, M.D., as Trustee 06/16/2010
\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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: June 15, 2010

FROST GAMMA INVESTMENTS TRUST

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

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