FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] Rubin Steven D			2. Issuer Name and Ticker or Trading Symbol SafeStitch Medical, Inc. [SFES]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner		
(Last) (First) (Middle) 4400 BISCAYNE BLVD SUITE 1500		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/25/2012	Officer (give title Other (specify below) below)		
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) MIAMI	FL	33137		X Form filed by One Reporting Person Form filed by More than One Reporting		
(City)	(State)	(Zip)	-	Person		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities A Disposed Of (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)		(1130. 4)
Common Stock	10/25/2012		x		785,383	A	\$0.25	785,383	I	The Frost Group LLC ⁽¹⁾
Common Stock								240,128	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Warrants	\$0.25	10/25/2012		x			785,383	09/04/2007	09/04/2017	Common Stock	785,383	\$0.00	0	I	The Frost Group, LLC ⁽²⁾

Explanation of Responses:

1. These securities are held by The Frost Group, LLC, of which the Reporting Person is a member. The Reporting Person disclaims beneficial ownership of these securities, except to the extent of any pecuniary interest therein. Immediately following the exercise of the warrant, The Frost Group, LLC distributed these 785,383 shares of common stock to its members. In such distribution, the Reporting Person received 4,028 shares of common stock, and the other members received the balance of the shares.

2. These securities are held by The Frost Group, LLC, of which the Reporting Person is a member. The Reporting Person disclaims beneficial ownership of these securities, except to the extent of any pecuniary interest therein.

Remarks:

<u>/s/ Steven D. Rubin</u>

<u>10/29/2012</u> Date

** Signature of Reporting Person

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

 \ast 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.