

The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549
 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL	
OMB Number:	3235-0076
Estimated average burden hours per response:	4.00

1. Issuer's Identity

CIK (Filer ID Number) 0000876378	Previous Names None	Entity Type X Corporation Limited Partnership Limited Liability Company General Partnership Business Trust Other (Specify)
Name of Issuer SafeStitch Medical, Inc.	CELLULAR TECHNICAL SERVICES CO INC	
Jurisdiction of Incorporation/Organization DELAWARE		
Year of Incorporation/Organization X Over Five Years Ago Within Last Five Years (Specify Year) Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer SafeStitch Medical, Inc.				
Street Address 1 4400 BISCAYNE BLVD.		Street Address 2		
City MIAMI	State/Province/Country FLORIDA	ZIP/PostalCode 33137	Phone Number of Issuer 305-575-4600	

3. Related Persons

Last Name Spragens	First Name Jeffrey	Middle Name G.
Street Address 1 c/o SafeStitch Medical, Inc.	Street Address 2 4400 Biscayne Blvd.	
City Miami	State/Province/Country FLORIDA	ZIP/PostalCode 33137
Relationship: X Executive Officer X Director Promoter		

Clarification of Response (if Necessary):

Last Name Hsiao	First Name Jane	Middle Name H.
Street Address 1 c/o SafeStitch Medical, Inc.	Street Address 2 4400 Biscayne Blvd.	
City Miami	State/Province/Country FLORIDA	ZIP/PostalCode 33137
Relationship: Executive Officer X Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Filipi	Charles	J.
Street Address 1	Street Address 2	
c/o SafeStitch Medical, Inc.	4400 Biscayne Blvd.	
City	State/Province/Country	ZIP/PostalCode
Miami	FLORIDA	33137
Relationship: X Executive Officer X Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Chen	Chao	C.
Street Address 1	Street Address 2	
c/o SafeStitch Medical, Inc.	4400 Biscayne Blvd.	
City	State/Province/Country	ZIP/PostalCode
Miami	FLORIDA	33137
Relationship: Executive Officer X Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Pfenniger, Jr.	Richard	C.
Street Address 1	Street Address 2	
c/o SafeStitch Medical, Inc.	4400 Biscayne Blvd.	
City	State/Province/Country	ZIP/PostalCode
Miami	FLORIDA	33137
Relationship: Executive Officer X Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Rubin	Steven	D.
Street Address 1	Street Address 2	
c/o SafeStitch Medical, Inc.	4400 Biscayne Blvd.	
City	State/Province/Country	ZIP/PostalCode
Miami	FLORIDA	33137
Relationship: Executive Officer X Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Wayne	Kevin	T.
Street Address 1	Street Address 2	
c/o SafeStitch Medical, Inc.	4400 Biscayne Blvd.	
City	State/Province/Country	ZIP/PostalCode
Miami	FLORIDA	33137
Relationship: Executive Officer X Director Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Martin	James	J.
Street Address 1	Street Address 2	
c/o SafeStitch Medical, Inc.	4400 Biscayne Blvd.	
City	State/Province/Country	ZIP/PostalCode
Miami	FLORIDA	33137

7. Type of Filing

New Notice Date of First Sale 2013-03-22 First Sale Yet to Occur
 Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

<input checked="" type="checkbox"/> Equity	Pooled Investment Fund Interests
<input type="checkbox"/> Debt	Tenant-in-Common Securities
<input checked="" type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
<input checked="" type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient	Recipient CRD Number <input checked="" type="checkbox"/> None	
(Associated) Broker or Dealer <input checked="" type="checkbox"/> None	(Associated) Broker or Dealer CRD Number <input checked="" type="checkbox"/> None	
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	All States	Foreign/non-US

13. Offering and Sales Amounts

Total Offering Amount \$3,024,000 USD or Indefinite
 Total Amount Sold \$3,024,000 USD
 Total Remaining to be Sold \$0 USD or Indefinite

Clarification of Response (if Necessary):

The Total Offering Amount and Total Amount Sold do not include the proceeds, if any, to be received by the Issuer upon the exercise of 6,048,000 warrants, with an exercise price of \$0.33 per share, issued in connection with this offering of securities.

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

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15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD Estimate

Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
SafeStitch Medical, Inc.	/s/ James J. Martin	James J. Martin	Chief Financial Officer	2013-03-28

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.