FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

washington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-	
	Estimated average by	urdon	

	OMB Number:	3235-0287
	Estimated average burd	len
1	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

							. ,				_ ' '							
					2. Issuer Name and Ticker or Trading Symbol SafeStitch Medical, Inc. [SFES.OB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) 4400 BIS	(Fii	rst) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/09/2009						Officer (give title Other (sbelow) below)			er (specify w)			
(Street) MIAMI (City)	FL (St		33137-3 Zip)	3227	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						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 - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or E	Benefic	ally Own	ed			
Date			2. Transac Date (Month/Da		Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5)			nd Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	Price	Reporter Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock 03/0		03/09/2	.009		P		3,500	A	\$0.9	4,115,265		I		Frost Gamma Investments Trust ⁽¹⁾				
		Та	ble II -								osed of, convertib				I	,		
Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any			Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					
		Reporting Person*																

1. Name and Address o		
(Last) 4400 BISCAYNE E	(Middle)	
(Street) MIAMI	FL	33137-3227
(City)	(State)	(Zip)
1. Name and Address o Frost Gamma In		
(Last) 4400 BISCAYNE E	(First)	(Middle)
(Street) MIAMI	FL	33137-3227
(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.

 /s/ Phillip Frost, M.D.
 03/11/2009

 /s/ Phillip Frost, M.D., as
 03/11/2009

 Trustee
 03/11/2009

Date

** Signature of Reporting Person

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

Form	4	7 - : 4	—:1	Inform	4:

Name: Frost Gamma Investments Trust

Address: 4400 Biscayne Boulevard

15th Floor

Miami, Florida 33137

Designated Filer: Phillip Frost, M.D.

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

Date of Event Requiring Statement: March 9, 2009

Signature: /s/ Phillip Frost, M.D., Trustee Phillip Frost, M.D., Trustee