#### SafeStitch Medical, Inc. Form 3 September 04, 2013 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Mueller Richard			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol SafeStitch Medical, Inc. [SFES.OB]						
(Last)	(First)	(Middle)	09/03/2013	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
C/O SAFESTITCH MEDICAL, INC., 4400 BISCAYNE BLVD. (Street)				(Check all applicable) Director10% Owner XOfficerOther (give title below) (specify below) Chief Operating Officer		<ul> <li>6. Individual or Joint/Group</li> <li>Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting</li> </ul>				
MIAMI, FL 33137							Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I -	Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Securit (Instr. 4)	iy		2. Amount o Beneficially (Instr. 4)	of Securities v Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*			
Reminder: Report on a separate line for each class of securities benefici owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displa currently valid OMB control number.				F It	SEC 1473 (7-02	)				

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	•		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	

3235-0104

January 31,

2005

0.5

Number:

Expires:

response...

Estimated average burden hours per

				Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	(1)	01/17/2021	Common Stock	532,602	\$ 0.07	D	Â
Employee Stock Option (right to buy)	(2)	02/02/2022	Common Stock	2,465,126	\$ 0.07	D	Â

# **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Mueller Richard C/O SAFESTITCH MEDICAL, INC. 4400 BISCAYNE BLVD. MIAMI, FL 33137		Â	Â	Chief Operating Officer	Â			
Signatures								
/s/ Richard Mueller	09/03/2013							
<u>**</u> Signature of	Date							

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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).
- (1) The option vests and the shares become exercisable according to the following schedule: 1/4 on January 17, 2012 and 1/48 on the each full calendar month thereafter.
- (2) The option vests and the shares become exercisable according to the following schedule: 1/48 on March 2, 2012 and 1/48 on the each full calendar month thereafter.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.