FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | ourden | | | | | | | |

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hours per response:

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. Issuer Name and Ticker or Trading Symbol SURMODICS INC [SRDX] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|---|--|--|--|---|------------------------------|---|---------|-----------|---|------------------------|---|---|---|--|------------|
| BEDOYA JOSE H | | | [5.66.1 | | | | | | | | X Dire | ctor | 10% | Owner | | |
| (Last) | (Fi | rst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/30/2016 | | | | | | | Offic belo | er (give title w) | Othe belov | (specify y) | |
| 604 10TH STREET | | | <u> </u> | | | | | | | _ | | | | | | |
| - | | | | 4. If Am | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | | | | -, | n filed by On | e Reporting Per | son |
| BOULD | ER CO | | 30302 | | | | | | | | | | | n filed by Mo | re than One Re | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative Se | curities Ac | quired | Disp | osed c | of, c | or Ben | efici | ally Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | nd Secur Benef Owne | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | | action(s) 3 and 4) | | (Instr. 4) |
| Common Stock 12/30/ | | | | /2016 | | A | | 472(1 | 1) | A \$25.4 | | 5.4 16 | ,448 ⁽²⁾⁽³⁾ | D | | |
| | | Та | | | | urities Acqu s, warrants, | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution if any | 3A. Deemed 4. Execution Date, if any (Month/Day/Year) 8) | | | 6. Date I Expiration (Month/I | on Date | Amount of | | str. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. The reporting person elected to receive vested deferred stock units (DSUs) in lieu of quarterly cash retainer payments. The DSUs are settled in shares of the issuer's common stock as described below.

(A) (D)

2. The amount beneficially owned includes 5,693 restricted stock units (RSUs) that vest on service-based vesting dates and 8,430 DSUs that are vested upon issuance, each of which will be settled in shares of the issuer's common stock on a 1 for 1 basis when the reporting person's service as a director ends.

Date

Exercisable

Expiration

Date

3. The reporting person's Form 4 filed on January 5, 2016 inadvertently overstated the reporting person's direct holdings by 1 share.

Code

Remarks:

/s/ Bryan K. Phillips, on behalf 01/04/2017 of Jose H. Bedoya

** Signature of Reporting Person

Amount Number

Shares

Title

Date

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.