FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* Anderson Aron B				2. Issuer Name and Ticker or Trading Symbol SURMODICS INC [SRDX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (sine title Check (specify))									
(Last) (First) (Middle) 9924 WEST 74TH STREET					3. Date of Earliest Transaction (Month/Day/Year) 01/31/2005								X Officer (give title Other (specify below) VP & Chief Scientific Officer								
(Street) EDEN PRAIRIE MN 55344-3523				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting								
(City) (State) (Zip)														Person							
		Tak	ole I - Noi	n-Deri	vativ	e Se	curitie	s Ac	quired,	Disp	osed o	f, or Be	nefici	ally	Owned						
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Dispos Code (Instr. 5)		Disposed	rities Acquired (A) ed Of (D) (Instr. 3,		4 and Securitie Benefici Owned F Reporte		s ally following I	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	V	Amount	(A) or (D)		e	Transaction(s) (Instr. 3 and 4)								
Common Stock														29,017			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amou or Numb of Share	er							
Incentive Stock Option (Right to Buy)	\$8.063								(1)	0	9/20/2006	Common Stock	2,00	0		400		D			
Incentive Stock Option (Right to Buy)	\$25.094								(2)	0	9/18/2007	Common Stock	4,00	0		4,000)	D			
Incentive Stock Option (Right to Buy)	\$34.85								(3)	1	1/12/2008	Common Stock	2,50	0		2,500)	D			
Incentive Stock Option (Right to Buy)	\$29.5								(4)	0	1/15/2010	Common Stock	3,00	0		3,000)	D			
Incentive Stock Option (Right to Buy)	\$21.82								(5)	0	5/17/2011	Common Stock	3,00	0		3,000)	D			
Non- Qualified Stock Option (Right to	\$29.37	01/31/2005			A		10,000		(6)	0	1/31/2012	Common Stock	10,00	00	\$0	10,00	0	D			

Explanation of Responses:

- 1. Exercisable in annual increments of 400 shares each commencing on 9/20/00.
- 2. Exercisable in annual increments of 800 shares each commencing on 9/18/01.
- 3. Exercisable in annual increments of 500 shares each commencing on 11/12/02.
- 4. Exercisable in annual increments of 600 shares each commencing on 1/15/04.
- 5. Exercisable in annual increments of 600 shares each commencing on 5/17/05.
- 6. Exercisable in annuarl increments of 2,000 shares each commencing 1/31/06.

Remarks:

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.