FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

Name and Address of Reporting Person*     Heine Lisa Wipperman			Date of Event equiring Staten Month/Day/Year 4/12/2017	nent	3. Issuer Name and Ticker or Trading Symbol SURMODICS INC [ SRDX ]							
(Last) (First) (Middle) 9924 WEST 74TH STREET		(Middle)			Relationship of Reporting Personal (Check all applicable)     X Director		son(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) EDEN PRAIRIE (City)	MN (State)	55344 (Zip)			Officer (give title below)		Other (specify below)		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned												
						ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable at Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Securities Underlying Derivative Security (Instr.			4. Conversion	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title	e	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

/s/ Nicole J. Leimer, on behalf 04/14/2017 of Lisa Wipperman Heine

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).