\square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person [*] KELLER KENNETH H						2. Issuer Name and Ticker or Trading Symbol SURMODICS INC [SRDX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 6182 CRACKLEBERRY TRAIL						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2004									-	give title			specify	
(Street) WOODBURY MN 55129				_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)														Feisoi	1				
1 Title of (Coourity (Inc		le I - Noi	1	vativ				cquired,	Dis	1				-		6.0	wnership	7. Nature	
I. Hue of a	1. Title of Security (Instr. 3)			Date	n/Day/Yo	ear) E	2A. Deemed Execution Date if any (Month/Day/Ye		te, Transactio Code (Inst ear) 8)		Dispose	rities Acquired (A) ed Of (D) (Instr. 3, 4			Beneficially Owned Following Reported		Form: I	n: Direct or Indirect	of Indirect Beneficial Ownership (Instr. 4)	
Common	Stock			Code V Amount (A) or (D) Price Transaction(s) (Instr. 3 and 4) 10/01/2004 M 4,000 A \$2.5 10,800		<u> </u>	D													
Common			Fable II -				uritie	s Aco	quired, D	isp				\$2.5		,000				
1. Title of	2.	3. Transaction	3A. Deeme		puts,	calls	T		s, optior			<u> </u>		<u> </u>	9 Drice of	9. Numbe	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)				6. Date Exercis Expiration Dat (Month/Day/Ye			7. Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	e s Illy J	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	ount mber ares						
Director Stock Option (Right to Buy)	\$6.5625								(1)	0	5/17/2009	Commo Stock	ⁿ 6,	000		6,000		D		
Director Stock Option (Right to Buy)	\$2.5	10/01/2004			м			4,000	(2)	1	0/01/2007	Commo Stock	ⁿ 28	,000	\$0	20,00	0	D		
Director Stock Option (Right to Buy)	\$25.094								(3)	0	9/18/2010	Commo Stock	ⁿ 2,	000		2,000)	D		
Director Stock Option (Right to Buy)	\$34.85								(4)	1	1/21/2011	Commo Stock	ⁿ 1,	000		1,000)	D		
Director Stock Option (Right to Buy)	\$29.17								(5)	0	3/17/2013	Commo Stock	ⁿ 2,	000		2,000)	D		
Director Stock Option (Right to Buy)	\$21.82								(6)	0	5/17/2014	Commo Stock	ⁿ 5,	000		5,000)	D		

Explanation of Responses:

1. Exercisable in annual increments of 1,200 shares each commencing on 5/17/99.

2. Exercisable in annual increments of 5,600 shares each commencing on 10/1/97.

3. Exercisable in annual increments of 400 shares each commencing on 9/18/00.

4. Exercisable in annual increments of 200 shares each commencing on 11/21/01.

5. Exercisable in annual increments of 400 shares each commencing on 3/17/03.

6. Exercisable in annual increments of 1,000 shares each commencing on 5/17/04.

Remarks:

** Signature of Reporting Person 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.