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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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4 or Form 5
ontinue. See

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 Perso OLSON CHARLES W	on [*]	2. Issuer Name and Ticker or Trading Symbol <u>SURMODICS INC</u> [SRDX]		tionship of Reporting Persor all applicable) Director	10% Owner
(Last) (First) 9924 WEST 74TH STREET	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/24/2018	X	Officer (give title below) Senior VP of Bus Dev,	Other (specify below) Med Dev
(Street) EDEN PRAIRIE MN (City) (State)	55344 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing (C Form filed by One Reporti Form filed by More than C Person	ing Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or Transaction(s)			(11311.4)	
Common Stock	05/24/2018		S ⁽¹⁾		18,760	D	\$48.4827(2)	33,467	D	
Common Stock	05/24/2018		S ⁽¹⁾		1,240	D	\$49.3923 ⁽³⁾	32,227	D	
Common Stock								800	Ι	By IRA

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		of		Expiration Date (Month/Day/Year) sed 3, 4		7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Sales effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 22, 2018.

2. Reflects the weighted average price of 18,760 shares of common stock of Surmodics, Inc. sold by the reporting person in multiple transactions on May 24, 2018 with sale prices ranging from \$48.25 to \$49.15 per share. The reporting person undertakes to provide upon request by the U.S. Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

3. Reflects the weighted average price of 1,240 shares of common stock of Surmodics, Inc. sold by the reporting person in multiple transactions on May 24, 2018 with sale prices ranging from \$49.30 to \$49.425 per share. The reporting person undertakes to provide upon request by the U.S. Securities and Exchange Commission staff, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

Remarks:

/s/ Bryan K. Phillips, on behalf 05/29/2018 of Charles W. Olson

** 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.