FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vvasiliigion	, D.C. 20049	

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average I	nurden								

0.5

hours per response:

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

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*				2. Issuer Name and Ticker or Trading Symbol SURMODICS INC [SRDX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Wood David S						SOLUMODICS TINC [SKDX]									Director	. 10% Own			/ner	
		-									\dashv x		give title		Other (s	pecify				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									below)	below) below)			.	
9924 WEST 74TH STREET						11/15/2004								VP & GM - Drug Del. Bus. Unit						
3324 WEC	71 /4111 51	IKLLI																		
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
EDEN PR	AIRIE MN	5	5344-3523	3											X Form filed by One Reporting Person					
F														Form filed by More than One Reporting Person						
(City)	(Sta	te) (Z	ip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Se	curity (Instr.	3)		2. Trans	action						4. Securit								7. Nature of	
				Date (Month/	Day/Ye:		Execution f any	Transa Code (Disposed Of (D) (Instr. 3, 4 5)		3, 4 and		Securities Beneficially		Form: Direct (D) or Indirect	Indirect Beneficial			
										Owned Fo	Owned Following (I) (I		str. 4) (Ownership						
										l.,	Amount (A) or Dri				Reported Transaction(s)		1 1		Instr. 4)	
						Code	l۷	Amount (D)		Price	(Instr. 3 a	and 4)								
Common Stock 11/1				11/1	5/2004		A		7,000 A		A	\$ <mark>0</mark>	7,0	7,000		D				
		Т	able II - [Deriva	tive S	Seci	ırities A	/can	ired. D	isno	sed of	or Be	nefi	cially (Owned					
		-									onvertib				o i i i i i i					
:							_	_							0.5: (
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date,		4. Transa	ction	on of tr. Derivative		6. Date Exercisa Expiration Date (Month/Day/Yea		ear) of Securities Underlying			8. Price of Derivative Security	9. Number of derivative		10. Ownership	11. Nature of Indirect		
Security	or Exercise	(Month/Day/Year)	if any	·	Code (Instr										Securities		Form:	Beneficial		
(Instr. 3) Price of (Month/Day/Year) Derivative					8)		Securities Acquired		Derivativ (Instr. 3 a					(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Security						(A) or					('		Following		(I) (Instr. 4)	(,	
	Disposed of (D) (Instr.													Reported Transaction(s)		1 1				
						3, 4 and 5)									(Instr. 4)					
													mount							
							Ш						r Iumber							
			l					Expiration	L	0	f									
					Code	٧	(A)	(D)	Exercisa	ble	Date	Title	s	hares						
Incentive							1													
Stock Option	\$29.89	11/15/2004			A		16,500	Ш	(1)		11/15/2011	Comn		6,500	\$0	16,50	0	D		
(Right to	425.55	11,10,2007					15,550		` ′			Stoc	k [1	,555		15,50	_	_		
Buy)								Ш												
Nonqualified				T	1		1]									1			
Stock Option	\$29.89	11/15/2004			Α		18,500		(2)		11/15/2011	Comn		8,500	\$0	18,50	0	D		

Explanation of Responses:

- $1.\ Exercisable\ in\ annual\ increments\ of\ 3{,}300\ each,\ commencing\ 11/15/2005.$
- 2. Exercisable in annual increments of 3,700 each, commencing 11/15/2005.

Remarks:

(Right to Buy)

David S. Wood

Stock

11/17/2004

** 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.