FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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					wner
(Last) (First) (Middle) 9924 WEST 74TH STREET					3. Date of Earliest Transaction (Month/Day/Year) 03/21/2007								7	X Officer (give title Other (speci below) VP & Chief Scientific Officer					
(Street) EDEN PRAIRIE MN 55344-3523				4. If	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										
		Tab	le I - Noi	n-Deriv	ative	Se	curiti	es A	cquired,	Dis	posed	of, or B	enef	iciall	y Owne	d			
1. Title of Security (Instr. 3) 2. Trans. Date (Month/I				ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	ount (A) or (D)		rice	Transac (Instr. 3	tion(s)			(1130.4)		
Common Stock			03/2	1/2007	7			F		661	1 D \$		37.1	34,	34,784 ⁽¹⁾		D		
		Т							quired, D s, optior						Owned				
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any					ransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl	e E	cpiration ate	Title	Amo or Nun of Sha	nber					
Incentive Stock Option (Right to Buy)	\$25.094								(2)	09	9/18/2007	Commor Stock	4,0	000		3,500		D	
Incentive Stock Option (Right to Buy)	\$34.85								(3)	1:	/12/2008	Commor Stock	2,5	500		2,500		D	
Incentive Stock Option (Right to Buy)	\$29.5								(4)	01	./15/2010	Commor Stock	3,0	000		3,000		D	
Incentive Stock Option (Right to Buy)	\$21.82								(5)	05	5/17/2011	Commor Stock	3,0	000		3,000		D	
Non- Qualified Stock Option (Right to Buy)	\$29.37								(6)	0:	//31/2012	Commor Stock	10,	000		10,000)	D	

Explanation of Responses:

- 1. Includes 420 shares acquired through Employee Stock Purchase Plan not previously reported.
- 2. Exercisable in annual increments of 800 shares each commencing 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 annual increments of 2,000 shares each commencing 1/31/06.

Remarks:

/s/ Aron B. Anderson

03/22/2007

** 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.