FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT	OF CHANG	SES IN BEN	EFICIAL O	WNERSHIP

	OMB APPROVAL								
	OMB Number: 3235-0287								
l	Estimated average burden								
l	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

1. Name and Address of Reporting Person* Maharaj Gary R					2. Issuer Name and Ticker or Trading Symbol SURMODICS INC [SRDX]								5. Relationshi (Check all ap X Dire		olicable)	g Person(s) to I	ssuer Owner	
(Last) (First) (Middle) 9924 WEST 74TH STREET					3. Date of Earliest Transaction (Month/Day/Year) 08/01/2019								X	Offic below	,	Other below at & CEO	(specify)	
(Street) EDEN PRAIRIE MN 55344 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							3. Indiv ₋ine) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - 1	Non-Deriv	ative	Sec	uritie	s Ac	quire	ed, Di	sposed o	f, or E	Benefici	ially (Owne	ed		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 1)				nd 5) Securit		ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price		Trans	action(s) 3 and 4)		(1130.4)
Common	Stock			08/01/20)19	.9			S ⁽¹⁾		2,230	D	\$46.14	95 ⁽²⁾ 14		44,975	D	
Common Stock 08/01/201)19	19		S ⁽¹⁾		2,770	D	\$46.78	5.7816 ⁽³⁾		42,205	D			
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)	Execution Date, if any (Month/Day/Year) Month/Day/Year		Deriv Secul Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr.: and 4) Amount or Number of		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. Sales effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on February 28, 2019.
- 2. Reflects the weighted average price of 2,230 shares of common stock of Surmodics,Inc. sold by the reporting person in multiple transactions on August 1, 2019 with sale prices ranging from \$45.62 to \$46.58 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 2,770 shares of common stock of Surmodics,Inc. sold by the reporting person in multiple transactions on August 1, 2019 with sale prices ranging from \$46.68 to \$47.31 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 of Gary R. Maharaj

08/05/2019

** 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.