FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235-0104						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Shoup Michael J			Requiring Statement (Month/Day/Year)  SURMODICS INC [ SRDX ]							
(Last) (First) (Middle) 9924 WEST 74TH STREET				Relationship of Reporting Perso Check all applicable)     Director	on(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) EDEN PRAIRIE	MN	55344			X Officer (give title below)  Vice Presider	Other (specify below) ent		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)	(State)	(Zip)								
			Table I - Non	-Derivati	ve Securities Beneficiall	y Owned				
1. Title of Security (Instr. 4)				Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock				0	D					
					Securities Beneficially ( nts, options, convertible		s)			
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Conve		Conversio or Exercis	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

<u>/s/ Michael J. Shoup</u> <u>03/17/2006</u>

\*\* 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 5 (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.