| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) |
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| Instruction 1(b). |
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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 bur | den | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| 1. Nume and Address of Reporting reison | | | 2. Issuer Name and Ticker or Trading Symbol <u>SURMODICS INC</u> [SRDX] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|--------------------------|----------|--|------------------|--|-----------------------|--|--|--|
| | | | | | Director | 10% Owner | | | |
| (Last) 9924 WES | (First) T 74TH STREET | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2014 | | Officer (give title below) | Other (specify below) | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) | vidual or Joint/Group Fil | ing (Check Applicable | | | |
| (Street) | AIRIE MN | 55344 | | X | Form filed by One Re Form filed by More th Person | | | | |
| (City) | (State) | (Zip) | | | Feison | | | | |

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) | | | 4. Securities / Disposed Of (5) | | | Securities | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------|---|--|---------------|--------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 12/03/2014 | | A | | 1,118 | A | \$0.00 | 2,335 ⁽¹⁾ | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A. Date Exercisable and Expiration Date (Month/Day/Year) | | ate | e Amount of | | 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 | | | | |
| Employee Stock Option (right to buy) | \$21.31 | 12/03/2014 | | A | | 4,430 | | (2) | 12/03/2021 | Common Stock | 4,430 | \$0.00 | 4,430 | D | |

Explanation of Responses:

1. The amount beneficially owned includes 2,335 restricted stock units (RSUs) that vest on service-based vesting dates which will be settled in shares of the issuer's common stock on a 1 for 1 basis when the reporting persons' service as a director ends

2. The award will vest in full on 12/3/2015.

Remarks:

/s/ Bryan K. Phillips, on behalf 12/05/2014

of Ronald B. Kalich

** 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.