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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

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* OLSETH DALE R					2. <u>S</u>	2. Issuer Name and Ticker or Trading Symbol SURMODICS INC [SRDX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) 9924 WI	(F EST 74TH S	First) (Middle) STREET				3. Date of Earliest Transaction (Month/Day/Year) 01/26/2004									X Officer (give title Other (specific below) Chairman and CEO			pecify	
(Street) EDEN PRAIRIE MN 55344 (City) (State) (Zip)					4.	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 Person				
		Tak	ole I -	Non-Der	ivativ	e Sec	curities	s Ac	quir	ed, C)isposed	of, or	Bene	ficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea					2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)					d Se Be Ov Re	Amount of curities eneficially vned Followin ported	6. Ownershi Form: Direct (D) or Indire (I) (Instr. 4)	Indirect E	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								(Code	V	Amount	(A) or (D)	Price	(In	ansaction(s) str. 3 and 4)				
Common								_							1,289,000	D			
Common	Stock							_						_	5,000	I	By Spo	use	
Common Stock														2,500	I	By Grandchildren's Trust			
		-	Table								sposed of				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exe (Month/Day/Year) if a	Execu	eemed ution Date, th/Day/Year)	4. Trans Code 8)				Expi	ate Exe ration I nth/Day		of Sec Under	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		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 Exer	cisable	Expiration Date	Title	OI N Of	ımber					
Employee Stock Option (Right to Buy)	\$3.875									(1)	09/21/2005	Comn		0,000		20,000	D		
Employee Stock Option (Right to Buy)	\$8.0625									(2)	09/20/2006	Comn		0,000		30,000	D		
Employee Stock Option (Right to Buy)	\$25.094									(3)	09/18/2007	Comn		4,260		14,260	D		
Employee Stock Option (Right to Buy)	\$29.17									(4)	03/17/2010	Comn		0,000		20,000	D		
Non- Qualified Stock Option (Right to	\$21.36	01/26/2004			Α		25,000			(5)	01/26/2011	Comn		5,000	\$0	25,000	D		

Explanation of Responses:

- 1. Exercisable in annual increments of 4,000 shares each commencing 9/21/99.
- 2. Exercisable in annual increments of 6,000 shares each commencing 9/20/00.
- 3. Exercisable in annual increments of 2,852 shares each commencing 9/18/01.
- 4. Exercisable in annual increments of 4,000 shares each commencing 3/17/04.
- 5. Exercisable in annual increments of 5,000 shares each commencing 1/26/05.

Remarks:

** 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.