FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

UMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per resp	onse: 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* MYERS ROBERT L					2. Issuer Name and Ticker or Trading Symbol BioDrain Medical, Inc. [BIOR]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				- 1											Director			10% Ow	ner		
				— -	Date of Earliest Transaction (Month/Day/Year)									_ X	Officer (give title		Other (specifical of the other	pecify		
(Last)	(F	irst)	(Middle)				ı ııaıı	isacii	ion (ivion	טטוווו	ay/ (Cai)				·						
2915 COMMERS DRIVE, SUITE 900					03/18/2013										Chief Financial Officer						
2010 0011112110 2111 12, 001112 000																					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
EAGAN MN 55121															X Form filed by One Reporting Person						
												Form filed by More than One Reporting									
(City)	(S	state)	(Zip)												Person						
		Ta	able I - Non-I	Derivat	ive S	ecuritie	es A	cqu	ıired, [Disp	osed	of, or l	Bene	ficially	Owned						
1. Title of Security (Instr. 3) 2. Tran					tion	2A. Deer	2A. Deemed		3.		4. Secu	rities Acc	uired	(A) or	5. Amount	of 6. C	6. Owi	nership 7	7. Nature of		
					te		Execution Date		Transac	nsaction Dispos		ed Of (D)	(Instr.	3, 4 and 5)	Securities	Foi	Form:	Direct I	Indirect		
			(1	/lontn/Da	onth/Day/Year)		if any (Month/Day/Ye		Code (Ir 8)	(Instr.					Beneficial Owned Fo		(D) or (I) (Ins		Beneficial Ownership		
						(7			1.			Reported		' ' '		Instr. 4)		
									Code	٧	Amoun	t (1	A) or O)	Price	Transaction(s) (Instr. 3 and 4)						
								\neg											By the		
																			· .		
Common	ommon Stock														6,2	50	I		Reporting		
Common Stock															0,200		_		Person's		
											1							5	Son		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
	(e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	er of	6. D	ate Exer	cisab	le and	7. Title	and Ar	nount of	8. Price of	9. Numbe	er of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date,	Trans		Derivative Securities Acquired (A) or Disposed			iration D					derlying			e	Ownership	of Indirect Beneficial		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Year	Code) 8)	(Instr.			(Month/Day/Year)				Derivative Security (Instr. 3 and 4)			Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Ownership (Instr. 4)		
,,	Derivative			´ `´							`		•		`	Owned Following	.	or Indirect (I) (Instr. 4)			
	Security					of (D) (In 3, 4 and											g i				
							·			Т			An	nount or	1	Transaction(s) (Instr. 4)					
				Code	v	(A)	(D)	Date Exe	e ercisable	Exp	piration te	Title	Nu	mber of ares							
Stock				1			П						\top								
Options	\$0.08								(1)	08/	13/2022	Commo		000,000		1,000,0	₀₀₀	D			
(right to buy)												Stock	1'	,		/**					
				+		 	H			\vdash			-								
Stock Options						<u> </u>			(2)			Commo	I _	01.1.0				_			
(right to	\$0.079	03/18/2013		A		791,140			(2)	03/	18/2023	Stock		91,140	\$0	791,1	40	D	1		

Explanation of Responses:

- 1. 700,000 shares vest immediately; 300,000 shares vest on 2/13/2014.
- 2. 395,570 shares vest on each of 9/18/2013 and 3/18/2014.

/s/ Bob Myers

03/19/2013

** 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.