FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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

1. Name and Add McGoldrick		2. Date of Event Requiring Statement (Month/Day/Year) 10/19/2009 3. Issuer Name and Ticker or Trading Symbol BioDrain Medical, Inc. [BIOR]									
(Last) (First) (Middle) 2060 CENTRE POINTE BLVD., SUITE 7				Relationship of Reporting Perso (Check all applicable) X Director		on(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) MENDOTA HEIGHTS (City)	MN (State)	55120 (Zip)				Officer (give title below)	Other (spe below)			cable Line) Form filed by	/Group Filing (Check y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						40,000	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Security			4. Convers	cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Price of Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)	
Option to purc	hase common s	tock	08/22/2006	08/22/2010		Common Stock	17,956	1.67	7	D	
Option to purchase common stock		11/20/2006	08/22/2011		Common Stock	5,985	1.67	7	D		

Explanation of Responses:

/s/ Thomas McGoldrick 12/01/2009

** 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.