FORM 4

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

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden

0.5

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## Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## 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

1. Name and Address of Reporting Person*  JOHNSON DAVID ORRIN					2. Issuer Name and Ticker or Trading Symbol BioDrain Medical, Inc. [ BIOR ]								Check	tionship of Reportin all applicable) Director Officer (give title		Perso	n(s) to Issue 10% Ow Other (s	ner
(Last) (First) (Middle) 2915 COMMERS DRIVE, SUITE 900					3. Date of Earliest Transaction (Month/Day/Year) 08/13/2012								X	below)  Chief Operating		rating	below)	респу
(Street) EAGAN MN 55121					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					
(City)	(5	State)	(Zip)															
		T	able I - Non	-Deriva	tive S	Securitie	s Ac	quired,	Disp	osed o	of, or Be	eneficia	lly (	Owned				
Date				2. Transac Date (Month/Da	Execution Date			e, Transaction Dispose Code (Instr.			rities Acquired (A) or ed Of (D) (Instr. 3, 4 and			5. Amount Securities Beneficiall Owned Fol Reported	у	Form:	Direct Indirect I	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A) (D)	or Price	)	Transactio (Instr. 3 an				Instr. 4)	
Common Stock													0			D		
			Table II - I (			curities Ills, warı							y Ov	wned				
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. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)			e and 7. Title and Am Securities Und Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transaci	ve es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount Number Shares			(Instr. 4)			
Stock Options (right to	\$0.08	08/13/2012		A		1,000,000		(1)	08	8/13/2022	Common Stock	1,000,0	000	\$0	1,000,	,000	D	

## **Explanation of Responses:**

 $1.\ 700,\!000\ shares\ vest\ immediately;\ 300,\!000\ shares\ vest\ on\ 2/13/2014.$ 

<u>/s/ David O. Johnson</u> <u>08/14/2012</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 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.