FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* <u>Herschkowitz Samuel</u>				2. Issuer Name and Ticker or Trading Symbol BioDrain Medical, Inc. [BIOR]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Herschi	KOWITZ Sa	<u>imuei</u>								L	,				[Director X 10% Own Officer (give title Other (sp					
(Last)	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/26/2013											Officer (giv pelow)	e title		Other below)	(specify	
,					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) BROOKI	YN N	Y 1	11217								•	One Reporting Person More than One Reporting									
(City)	(St	ate) (Zip)													Person	ву моге	tilali O	пе кер	orung	
		Tabl	e I - Noi	n-Deriva	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, or	r Ben	efici	ally O	vned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)			ties Acquired (A) d Of (D) (Instr. 3, 4			nd Se Be Ov	Amount of curities eneficially wned Follo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock, par	value \$0.01 per s	share	06/26/	/2013	3			P		25,000	0	A	\$0.	15	46,552,0	31	1 D			
		Та									sed of, onvertib				y Own	ed					
L. 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. 8)				6. Date E Expiratio (Month/D	n Date	•	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		ı	8. Price Derivat Securit (Instr. 5	y Secu Bene Owne Follo Repo	rities ficially ed wing rted saction(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) direct	Beneficial Ownership (Instr. 4)	
			l							- 1		1	or			- 1					

Date Exercisable Expiration

Explanation of Responses:

/s/ Samuel Herschkowitz

Number

of Shares

Title

06/28/2013

** 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.

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