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**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION**  
Washington, DC 20549

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**FORM 8-K**

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**CURRENT REPORT**

**Pursuant to Section 13 or 15(d) of the  
Securities Exchange Act of 1934**

**April 17, 2015  
Date of Report (date of earliest event reported)**

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**TransEnterix, Inc.**

(Exact name of Registrant as specified in its charter)

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**Delaware**  
(State or other jurisdiction of  
incorporation or organization)

**0-19437**  
(Commission  
File Number)

**11-2962080**  
(I.R.S. Employer  
Identification Number)

**635 Davis Drive, Suite 300  
Morrisville, North Carolina**  
(Address of principal executive offices)

**919-765-8400**  
(Registrant's telephone number, including area code)

**Not Applicable**  
(Former name or former address, if changed since last report)

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Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
  - Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
  - Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
  - Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))
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**Item 8.01 Other Events.**

On April 17, 2015, TransEnterix, Inc., a Delaware corporation (the "Company") updated its Company presentation and first used it during an Analyst Investor Event held in Nashville, Tennessee. A copy of the Company presentation is attached hereto as Exhibit 99.1 and is incorporated herein by reference.

**Item 9.01 Financial Statements and Exhibits.**

<u>Exhibit No.</u>	<u>Description</u>
99.1	TransEnterix, Inc. Company presentation dated April 17, 2015

**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Date: April 21, 2015

**TRANSENERIX, INC.**

/s/ Joseph P. Slattery

Joseph P. Slattery

Executive Vice President and Chief Financial Officer


Exhibit 99.1

*Analyst Investor Event  
SAGES Conference  
Nashville, TN  
April 17, 2015*

*Webcast at: <http://ir.transenterix.com/events.cfm>*

*Any statements contained in this presentation that do not describe historical facts, including statements about the beliefs and expectations of TransEnterix, Inc. ("TransEnterix," "we" or "our") and other statements regarding our future plans and goals, may constitute forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934, and are intended to qualify for the safe harbor from liability established by the Private Securities Litigation Reform Act of 1995. These forward-looking statements can be identified by terminology such as "will," "expect," "anticipate," "future," "intend," "plan," "believe," "estimate," "confident" and similar statements. Any forward-looking statements contained herein are based on current expectations, but are subject to a number of risks and uncertainties that may cause actual results to differ materially from expectations. Such statements are subject to risks and uncertainties that are often difficult to predict, are beyond our control, and which may cause results to differ materially from expectations. Factors that could cause our results to differ materially from those described include, but are not limited to, whether the SurgiBot system's 510(k) application(s) will be submitted by mid-2015 or cleared by the U.S. FDA, the pace of adoption of our products by surgeons, the success and market opportunity of our products, most notably the SurgiBot system, the effect on our business of existing and new regulatory requirements, and other economic and competitive factors. For a discussion of the most significant risks and uncertainties associated with TransEnterix's business, please review our filings with the Securities and Exchange Commission (SEC), including our Annual Report on Form 10-K for the year ended December 31, 2014 filed with the SEC on February 20, 2015, and other filings we make with the SEC. You are cautioned not to place undue reliance on these forward looking statements, which are based on our expectations as of the date of this presentation and speak only as of the date of this presentation. We undertake no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise.*

- Corporate Update
  - Todd M. Pope, CEO TransEnterix
- Surgeon Speakers
  - Dr. Helmuth Billy, Ventura, CA
  - Dr. Raymond Leveillee, Miami, FL
  - Dr. Juan-Carlos Verdeja, Miami, FL
- Q&A
- SurgiBot System Demo



**SurgiBot™**  
*Powered and Robotically-enabled  
Next-generation Platform*

The SurgiBot System is currently in development and has not yet been cleared by the FDA for sale in the United States or by other regulatory authorities for sale outside the United States.

## Focus

- Surgical robotics

## Technology

- Developing patient-side robotic platform: SurgiBot

## Solution

- Addresses unmet needs in today's robotic offerings
  - Cost effective
  - Broad procedure applicability

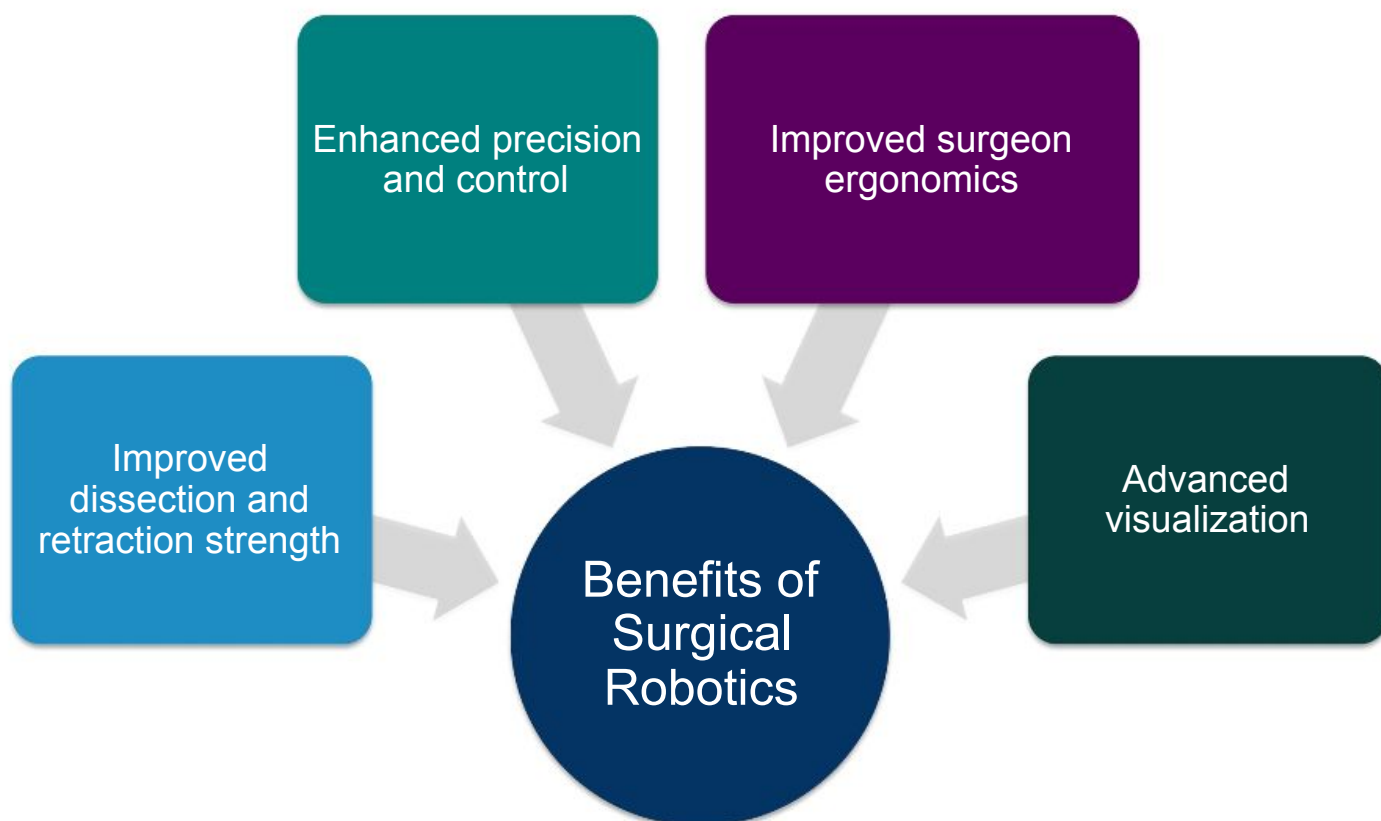
## Market

- Large addressable market – ~2M US procedures

## Experience

- Strong management team





# SurgiBot

*First Patient-side Robotic Platform*



Surgeon scrubbed-in

Easily repositioned for multi-quadrant surgery

Flexible, articulating channels & instruments

Steerable 3DHD

Small, mobile platform

Cost effective platform



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# SurgiBot

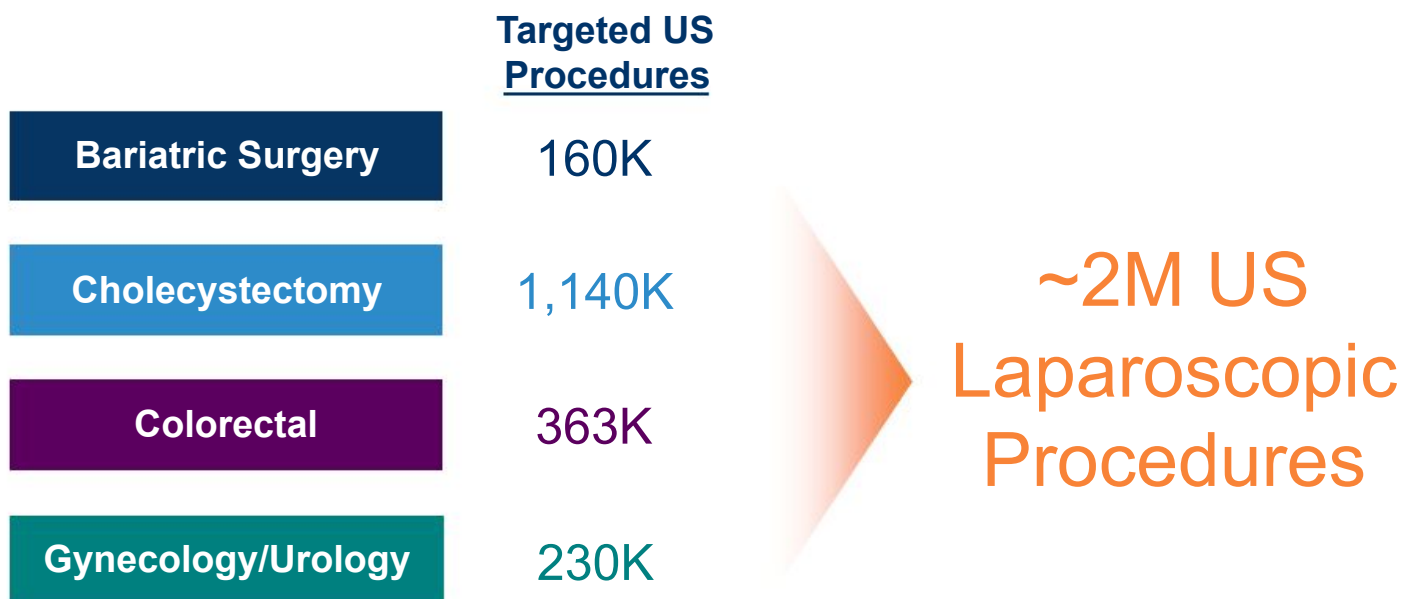
*First Patient-side Robotic Platform*



**SurgiBot  
System**



**3DHD  
Optics/Cart**



Source: Millennium Research Group US Markets Laparoscopic Devices 2014

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## Hospitals without Robotic Capability

- Current robotic offerings are not cost effective
  - System price
  - Limited procedure volume
- Surgery centers – untapped market for robotics
- Losing market share to robotic facilities
- Large underpenetrated OUS opportunity

## Hospitals with Robotic Capability

- Invested in the strategic and competitive value of robotic surgery
- ROI expectations changing/under pressure
- Potential for diversification of robotic solutions
  - Procedures
  - Price
  - Facilities

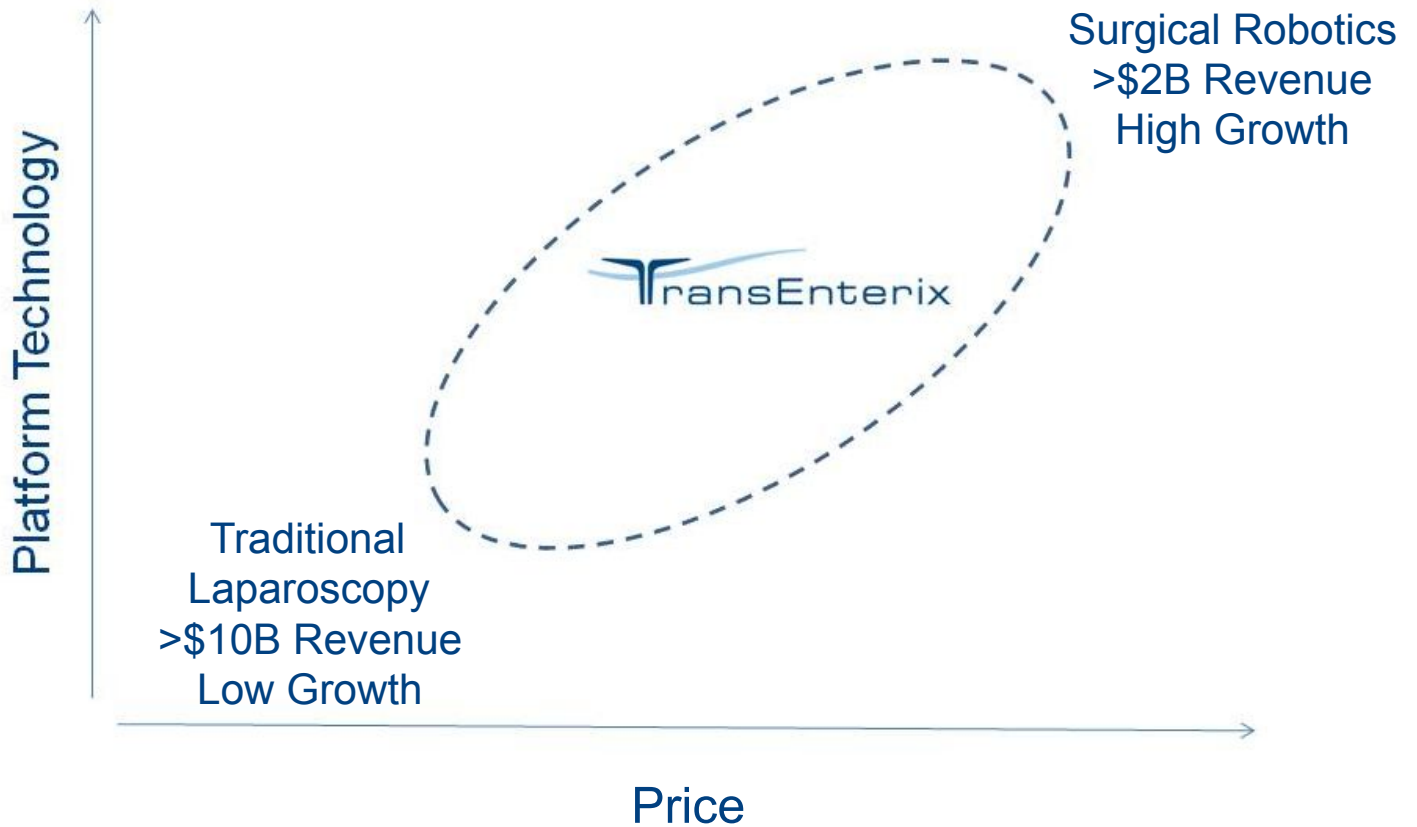
## Mid/Small Hospitals

- >3,000 w/ <300 beds
- >80% lack robotic offering
- Losing market share to robotic facilities
- Represent >800K target annual procedures

## Surgery Centers

- ~5,000 in US
- Economics driving rapid procedure growth
- SurgiBot System will offer versatility and cost benefits

# Combining Advanced Technology AND Maximizing Value



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- 510(k) pathway
- Successfully completed GLP labs
- Low-risk testing and documentation in-process
- 510(k) Submission on track for mid-2015



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- Helmuth Billy, MD, Ventura, CA
- Raymond Leveillee, MD FRCS-G, Miami, FL
- Juan-Carlos Verdeja, MD FACS, Miami, FL

# Helmuth Billy, MD

## Ventura, CA



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# Helmuth Billy, MD

## Experience & Background

- General & Bariatric Surgeon
- Laparoscopic training at Cedars-Sinai, USC
- Private Practice
- Ventura and Oxnard, CA
- Primarily operate at St. John's Regional and Community Memorial
- Operate at freestanding outpatient surgery center
- Visiting Consultant Surgeon, Hamad Hospital, Doha, Qatar 2012-present



# Helmuth Billy, MD

## MIS Practice

- 21 years laparoscopic experience
- Routine laparoscopic procedures are:
  - Cholecystectomy
  - Gastric Sleeve
  - Gastric Bypass
  - Colons
  - Hernia repair
  - Appendectomy
- Robotic Experience:
  - Trained, but not currently using

# Helmuth Billy, MD

## SurgiBot System Assessment

- Efficient to set up and dock, keeps room turnover time low
- Ease of use amongst multiple ORs within a day
- Quick learning curve... second case was total OR time of 38 minutes
- Preserves multiport lap skills already learned
- Eliminates need for almost any assistance

Helmuth Billy, MD

## How SurgiBot System Fits My Practice

- OR Efficiency
- Application for broad range of general surgery procedures
- Reducing number of incisions is attractive to patients
- May consolidate significant volume to facility that acquires

# Raymond Leveillee, MD FRCS-G Miami, FL



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# Raymond Leveillee, MD FRCS-G

## Experience & Background

- Urologist
- Trained at UMASS Medical, Brown University
- MIS Fellowship U of Minnesota
- Dept appointments in Urology, Radiology, and Biomedical Engineering
  
- Academic Medical Center
- University of Miami, 20+ years
- Past President Southeast Section of AUA
- Alt. Rep, AUA BOD



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# Raymond Leveillee, MD FRCS-G

## MIS Practice

- 26 years laparoscopic experience
- Routine laparoscopic procedures are:
  - Nephrectomies
  - Prostatectomies
  - Pyeloplasties
  - Adrenalectomy
  - Reconstruction
- Laparoscopic and Robotic Fellowship Director 99-14
  
- Robotic Experience:
  - 14 years, over 1,000 cases

## Raymond Leveillee, MD FRCS-G SurgiBot System Assessment

- Value in robotic system that keeps surgeon in sterile field
- Lower cost system for smaller hospitals and for benign and some malignant conditions
- Overcomes limitations of single port surgery
- Adjustable triangulation
- Clutching is a major benefit in improving ergonomics of single port lap surgery
- A hybrid... combines lap experience with robotic assistance

## Raymond Leveillee, MD FRCS-G

### How SurgiBot System Fits My Practice

- Being in sterile field for key maneuvers
- Value in multiple Urologic surgeries
- Replicates lap approach that many urologists still prefer for renal procedures
- Urologists eager for robotic alternatives

# Juan-Carlos Verdeja, MD FACS Miami, FL



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# Juan-Carlos Verdeja, MD FACS

## Experience and Background

- General Surgeon
- Trained at U of Miami
- Authored first report in world's literature on Laparoscopic Colon Surgery
  
- Primarily operate at three hospitals in Baptist Health South Florida
- Director of General Surgery Division of Baptist Health Medical Group
- Director of Minimally Invasive Surgery, Associate Professor and Affiliate Dean at FIU College of Medicine



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# Juan-Carlos Verdeja, MD FACS

## MIS Practice

- 25 years laparoscopic experience, >10K cases
- Routine laparoscopic procedures are:
  - Cholecystectomy
  - Colectomy
  - Appendectomy
  - Hernia Repair
- Robotic Experience:
  - Nissen Fundoplication
  - Splenectomy
  - Gastrectomy

# Juan-Carlos Verdeja, MD FACS

## SurgiBot System Assessment

- 3DHD is vital and significant benefit
- Being in sterile field is important
- Strength of flexible instruments is outstanding
- Maintains the best approach for single site surgery with excellent triangulation
- Laparoscopic motion is natural after >10K cases

## Juan-Carlos Verdeja, MD FACS

### How SurgiBot System Fits My Practice

- Can be the primary tool for single port cholecystectomy
- Extends approach to other procedures with additional vision and strength
- Opportunity at smaller hospitals and surgery centers in Baptist Health Network