FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C.	20549	

C. 20549	OMB APPROVAL

- 1									
	OMB Number:	3235-0287							
	Estimated average burden								
	hours per response:	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* BARBIER REMI					2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ PTIE ]							(Ch	elationship o eck all applica X Director	able)	Perso	,	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/11/2015								below)	give title , Chairma	ın of	Other (s below) the Board	pecify
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(City)	(S	tate)	(Zip)		X Form filed by One Reporting Person Form filed by More than One Reporting Person												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transa Date (Month/E					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.				5. Amoun Securities Beneficia Owned Fo Reported	s Ily	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Code V Amount (A) or (D)							r Price	Transacti	Transaction(s) (Instr. 3 and 4)								
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
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	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable		oiration e	Title	Amount or Number of Shares		(Instr. 4)			
Stock Options(1)	\$1.86	12/11/2015	12/11/2015	A		600,000		01/11/2016	12/1	11/2025	Common Stock	600,000	\$1.86	5,809,48	32	D	

**Explanation of Responses:** 

## Remarks:

(1) Stock option vest over four (4) years period at a rate of 1/48th per month.

<u>/s/Remi Barbier</u> <u>12/15/2015</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.