FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

	Check this box if no longer subject to							
$\neg$	Section 16. Form 4 or Form 5							
$\neg$	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 <b>and</b> Ticker or Trading Symbol PAIN THERAPEUTICS INC [ PTIE ]									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/23/2010									X Officer (give title Other (specify below) below)  CEO, Chairman of the Board					
(Street) (City) (State) (Zip)					4. If	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					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution		n Date,	Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			nd Sed Bei Ow	amount of curities neficially ned Following	Fc (D	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(	(A) or (D)	Price	ͺ   Tra	nsaction(s) etr. 3 and 4)	action(s)		(111501.4)				
Common	Stock <sup>(1)</sup>	ck <sup>(1)</sup> 12/23/2010 12/23/2010 A 33,786 A \$0 5,963,373 D																		
	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)	ative Conversion Date Execution Date, Tra ity or Exercise (Month/Day/Year) if any Con			Transa Code (			rative rities ired r osed )	6. Date E Expiratio (Month/D	n Date	Amount of			8. Price of Derivative Security (Instr. 5)		lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	\ \v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of	nber						

## Explanation of Responses:

 $1. These shares were acquired pursuant to vesting of a Restricted Stock Unit Award under the Company's 2008 \ Equity Incentive Plan.\\$ 

/s/Remi Barbier

01/06/2010

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.