FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|-----------|
| | |

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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* <u>EASTBOURNE CAPITAL</u> <u>MANAGEMENT LLC/CA</u> | | | | | <u>PA</u> | Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [PTIE] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | tionship of Reportin all applicable) Director Officer (give title below) | | | xson(s) to Is 10% C Other below) | vner | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------|--------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------|---------------|------------------------------------------------------------|-------------------------|------------------|--------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------|--------|--|--|--|
| (Last) 1101 FIF | | First | , | Middle) | | | 13/2 | | st Irans | action (N | lonth/ | Day/Year) | | | | | BCIOV | •• | | below) | | | |
| SUITE 370 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) SAN RAFAEL CA 94901 | | | | | | | | | | | | | | | X | | n filed by Moi | | • | | | | |
| (City) | (| State | e) (2 | Zip) | | | | | | | | | | | | | | | | | | | |
| | | | | e I - No | 1 | | _ | | | _ | Dis | posed o | | | | | 1 | | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | ear) Execution Date, if any (Month/Day/Year) | | Transa | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code | v | Amount | | (A) or (D) Pri | | Tran | | ansaction(s) nstr. 3 and 4) | | | (Instr. 4) | | | | | |
| Common Stock ⁽¹⁾ | | | 07/13 | 07/13/2009 | | | | S | | 23,316 | | D | \$4.1819 | | 8,037,581 | | | D | | | | | |
| Common Stock ⁽¹⁾ | | | 07/13/2009 | | | | | S | | 100 | | D | \$4.165 | | 8,037,481 | | D | | | | | | |
| Common Stock ⁽¹⁾ | | | 07/13 | 07/13/2009 | | | | S | | 11,562 | | D | \$4.1727 | | 8,025,919 | | D | | | | | | |
| Common Stock ⁽¹⁾ | | | | 07/13 | 3/2009 | | | | S | | 800 | | D | \$4.2213 | | 8,025,119 | | | D | | | | |
| Common Stock ⁽¹⁾ 07/1 | | | | | 07/13 | /2009 | | | | S | | 10,000 | | D | \$4.1886 | | 8,015,119 | | | D | | | |
| Common Stock ⁽¹⁾ | | | | 07/14 | /2009 | | | | S | | 618 | | D | \$4.2658 | | 8,014,501 | | D | | | | | |
| Common Stock ⁽¹⁾ | | | | 07/14 | /2009 | | | | S | | 41,382 | | D | \$4.2778 | | 7,973,119 | | | D | | | | |
| Common Stock ⁽¹⁾ 07/14 | | | | | /2009 | | | | S | | 3,000 | | D | \$4.26 | | 7,970,119 | | | D | | | | |
| | | | Та | ble II - | Derivat (e.g., p | ive S uts, c | ecu alls | rities , warr | Acqu ants, | ired, D option | ispo | sed of, onvertib | or E le s | Bene [.] secur | ficial rities | ly Οι) | wned | | | | | | |
| Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | e | or | | f g g Instr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | (((| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |

Explanation of Responses:

1. Eastbourne Capital Management, L.L.C. ("Eastbourne") is the general partner or manager and investment adviser of investment funds that hold these securities directly on behalf of those funds' investors. Richard Jon Barry is Eastbourne's manager and controlling person. Eastbourne and Mr. Barry hold these securities indirectly in their capacity as investment adviser and control person, respectively. Eastbourne is filing this Form 4 on behalf of itself and Mr. Barry, jointly, but not as members of a group, and each of them disclaims membership in a group, within the meaning of Rule 13d-5(b) under the Securities Exchange Act of 1934, as amended. In addition, each of them disclaims beneficial ownership of such securities, except to the extent of its pecuniary interest therein.

Eric Sippel

07/15/2009

** 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.