FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL					
l	OMB Number:	3235-0287					
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l	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 ar	nd Address of	Reporting Person*	2. 19	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer								
Name and Address of Reporting Person* Ramasastry Saira							PAIN THERAPEUTICS INC [PTIE]								(Check all applicable)					
														X					·	
(Last) (First) (Midd			(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/14/2013									below)	(give title		Other (s below)	респу		
JUI CAI		4 If Amandment Date of Original Filed (Marsh / Day // C									6 Individual or Joint/Croup Filing (Chock Applicable									
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
RICHMO	MOND CA 948		94804	4804											Form fi	filed by One Reporting Person			n	
															Form fi Person	filed by More than One Reporti			rting	
(City) (State)		tate)	(Zip)																	
		Tak	ole I - Non-	Deriva	ative	e Se	curities	s Ac	quired, [Disp	osed o	f, or Be	neficia	ally	Owned					
1. Title of Security (Instr. 3) 2. Tran Date (Month					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		Disposed	rities Acquired (A) ed Of (D) (Instr. 3, 4		and Securiti Benefici Owned		s	Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	;	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		-	Table II - D												wned					
(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 Da if any (Month/Day/Y		ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Day	Date		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		5	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				С	ode	v	(A)	(D)	Date Exercisable		expiration vate	Title	Amoun or Numbe of Shares	r						
Non- Qualifying Stock Options (1)	\$2.38	06/14/2013	06/14/2013	3	A		25,000		05/16/2014	0	6/14/2023	Common Stock	25,00	0	\$2.38	75,000)	D		
Non- Qualifying Stock Options	\$2.38	06/14/2013	06/14/201	3	A		15,000		07/14/2013	0	6/14/2023	Common Stock	15,00	0	\$2.38	90,000)	D		

Explanation of Responses:

(1) Non-Qualifying Stock Options issued pursuant to the Company's 2008 Equity Plan vest over a 4 year period at a rate of 25% of the shares granted, starting May 16, 2014. (2) Non-Qualifying Stock Options issued pursuant to the Company's 2008 Equity Incentive Plan vest over a 4 year period at a rate of 1/48th per month.

/s/Saira Ramasastry

06/19/2013

** 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.