FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

hours per response: 0.5

| (Instr. 3) | Price of Derivative Security | ve | (Month/Day/Y | | 8) | | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | sianbayi tea | | | ., | Derivative Sect (Instr. 3 and 4) | | | (Instr. 5) | Beneficia Owned Following Reported Transacti (Instr. 4) | ally Di or g (I) | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
|---|--|--------------------------------------|--------------------------------------|---|--------------------------------|--------|---|--|-----------------|--------|--|---|---|---------------------------------------|--------------------------------------|---|------------------------|---|---|--|
| 1. Title of Derivative Security | 2. Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any | | ransact | | 5. Number of Derivative | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Am of Securities Underlying | | | 8. Price of Derivative Security | 9. Numbe derivative Securities | , | f 10. Ownershi | 11. Nature of Indirect Beneficial | | |
| | | - | | | | | urities Acq s, warrants | | | | | | | | Owned | | | | | |
| Common | on Stock 03/29/2011 04/01/2011 X 32,811 A \$6.76 276,830 D | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Co | de | V | Amount | | (A) or (D) | Price | Transac | Transaction(s) (Instr. 3 and 4) | | | (| |
| Date | | | | | nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dis | | Dispose | Securities Acquired (A isposed Of (D) (Instr. 3, | | | Securitie Benefici Owned I | 5. Amount of Securities Beneficially Owned Following Reported | | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | Tab | le I - Non- | Deriva | ative | Sec | curities Ac | quire | ed, E | Disp | osed o | of, o | r Ben | eficiall | y Owned | | | | | |
| (City) | ?) | State) | (Zip) | | | | | | | | | | | | | | | | | |
| (Street) MENLO PARK CA 94025 | | | | | | | | | | | | | Form filed by More than One Rep Person | | | One Repo | rting | | | |
| SUITE 280 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| ROAD | 00 | | | | <u> </u> | | | | | | | | | | | | | | | |
| (Last) (First) (Middle) FRANCISCO PARTNERS 2882 SAND HILL | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/29/2011 | | | | | | | | below) | | | Belowy | | | | | |
| (1+) | // | -:4\ | /A 4: -I -II - \ | | 0.00 | -44 | f ==================================== | | () 1 | 4l- /D | | | | _ | Officer below) | (give title | | Other (s | specify | |
| 1. Name and Address of Reporting Person* ROBERTSON SANFORD | | | | | PAIN THERAPEUTICS INC [PTIE] | | | | | | | | (Ch | eck all applic | cable) | g . 0.0. | 10% Ov | | | |
| 1 Nama an | d Address s | f Departing Derson* | | | 2 155 | suer I | Name and Tic | ker or | Tradii | na Sv | vmbol | | | 5 R | elationship | of Reportin | a Perso | on(s) to Iss | uer | |

Date

Exercisable

05/31/2005

Expiration

05/31/2011

Explanation of Responses:

Stock

\$6.76

/s/Sanford Robertson

Title

Commor Stock

04/04/2011

337,189

D

** Signature of Reporting Person

Shares

32,811

\$6.76

Date

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

04/01/2011

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

03/29/2011

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

X

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.

32,811

(A) (D)