FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
l	OMB Number:	3235-0287				
l	Estimated average burde	en				
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 and Address of Reporting Person*  GUSSIN ROBERT Z							2. Issuer Name <b>and</b> Ticker or Trading Symbol PAIN THERAPEUTICS INC [ PTIE ]									f Reporting Person(s) to Issuer able) 10% Owner				
(Last)	st) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/27/2014								X		(give title	Other (specify below)		· I	
(Street)							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					
(City) (State) (Zip)					-										Form filed by More than One Reporting Person					
		Tab	le I - Non	ı-Deriv	vativ	e Se	curit	ies Ac	quired,	Dis	osed o	f, or Be	nefi	cially	Owned					
Date					2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or P	rice	Reported Transact (Instr. 3	tion(s)			Instr. 4)	
Common Stock 05/27.						7/2014 05/27/2014		М		42,89	7 A	.	\$4.49	66,	,429		D			
Common Stock 05/27					27/201	7/2014		05/27/2014			39,06	i9 D	:	\$4.93	27,360			D		
		-	Fable II - I								osed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date, Trans Code			of E		Expiration	. Date Exercisabl Expiration Date Month/Day/Year)		of Securities		1	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	Ownership	Beneficial Ownership ct (Instr. 4)	
				Cc	Code	ode V	(A)		Date Exercisat		xpiration ate	Title	or	ount nber ires						
Common	\$4.49	05/27/2014	05/27/20	014	M			42,897	05/27/200	05 0	5/27/2014	Common	42,	897	\$4.49	657,13	6	D		

**Explanation of Responses:** 

/s/Remi Barbier by Power of <u>Attorney</u>

05/29/2014

\*\* Signature of Reporting Person

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

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.

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

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