FORM 4

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

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

Washington, D.C. 20549

	OMB APPRO			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:			

Filed pursuant to Section 16(a) of the Securities Exchange Act of	19
or Section 30(h) of the Investment Company Act of 1940	

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person*  RODDY PETER S					2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ PTIE ]									Check all ap Dire	plicable) ctor		g Person(s) to Issuer 10% Owner		
(Last)	(Fii	rst) (	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/01/2010								X Office below	,		Other (specify below)			
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(City)	(St	ate) (	(Zip)												For	X Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	le I - Nor	า-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	of, or	Ben	efici	ally Own	ed			
			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			nd Secui Bene	ficially d Following	Form (D) or	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		A) or O)	Price	Trans	action(s) 3 and 4)			(111511.4)	
Common	Stock <sup>(1)</sup>			11/01	1/2010	)	11/01	/2010	J		1,661	1	A	\$3.	3.77 44,057 D			D	
		Та									sed of, onvertib				y Owned	I			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, Trans ecurity or Exercise (Month/Day/Year) if any Code		Transa Code (	nsaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expiratio	Expiration Date (Month/Day/Year) Sec Union Der Sec and			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of		8. Price of Derivative Security (Instr. 5)		/ O F D O (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

1. Common Stock purchased pursuant to an Employee Stock Purchase Plan.

/s/Peter S. Roddy 11/03/2010

\*\* 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.