FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasnington, b.o. 20040

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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* BARBIER REMI						2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [PTIE]											p of Reportin blicable) ctor	ng Per	,		
(Last)	(Fii	rst) (3. Date of Earliest Transaction (Month/Day/Year) 04/08/2016										X	belov	er (give title v) O, Chairm	an of	below)			
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)										ividual or Joint/Group Filing (Check Applicable				
(City)	City) (State) (Zip)														X		rm filed by One Reporting Person rm filed by More than One Reporting rson				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						.) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (and Securiti Benefic Owned		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
				Code	v	Amount				(A) or (D)	Price	Report Transa (Instr.		ted action(s) 3 and 4)			(Instr. 4)				
Common Stock 04/08/						2016 04/		4/08/2016			145,30	00	A	\$0		4,515,031		D			
Common Stock 04/08/						2016		04/08/2016			25,000	0	A	\$0		126,262			I	By Family	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (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. Deem Execution if any (Month/Da	Date,	4. Transactior Code (Instr B)				6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		etr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	F C O	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber							

Explanation of Responses:

/s/Remi Barbier

04/15/2016

** Signature of Reporting Person

Date

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.

 $^{^{\}ast}$ 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).