SEC Form 4

[

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 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* GUSSIN ROBERT Z					2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [PTIE]					(Cheo	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Own					
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 05/16/2013							Officer (below)	give title		Other (s below)	pecify			
(Street) (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ind Line) X	 Form filed by One Reporting Person Form filed by More than One Reporting 					
(City)	(State)		l - Non-Dei	rivative	Secu	urities /	Acq	uired, Dis	posed of,	or Bene	ficially	Person Owned				
1. Title of Security (Instr. 3)		Date	ansaction th/Day/Yea	r) if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securitie Disposed C	s Acquired of (D) (Instr.	(A) or 3, 4 and 5)	4 and 5) Securities Beneficially Owned Following		Form:	Direct II Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code V	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar	on(s)				
		Та	ble II - Deriv (e.g.,					ired, Dispo options, c				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year) if any (Month/Day/Year) af any (Month/Day/Year) 8) Code (Instr. Derivati Securiti		ive ies ed ed instr.	6. Date Exercisable and Expiration Date (Month/Day/Year)			ies g Security	Derivative Security (Instr. 5)		er of re ally g J ion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Non_Qualifying Stock Options	\$2.8	05/16/2013	05/16/2013	A		25,000		05/16/2014	05/16/2023	Common	25,000	\$2.8	610,0	33	D	

Explanation of Responses:

Remarks:

(1)

(1) Non-Qualifying Stock Options are cliff vested over a 4 year period at a rate of 25% of the shares each year on the anniversary date of the grant.

/s/Peter S. Roddy by Power of

<u>Attorney</u>

05/20/2013

Date

** Signature of Reporting Person

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.