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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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* SCANNON PATRICK J MD PHD						2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ PTIE ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>SCAINI</u>	NON PAI	RICK J MD	<u>PHD</u>											X	Directo	r		10% Ow	ner	
	N THERAF	PEUTICS, INC	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/21/2009									Officer below)	(give title		Other (s below)	pecify	
2211 BRIDGEPOINTE PARKWAY, SUITE 500					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) SAN MATEO CA 94404					_	, , , , , , , , , , , , , , , , , , , ,									X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	n-Deri	vativ	e Se	curities	s Ac	quired, D	isp	osed o	f, or Be	nefic	ially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4		and Securitie Beneficia Owned F		s illy ollowing	Form	: Direct   C Indirect   E str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	,	Amount	(A) or (D) P		ice	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)		
	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)	vative Conversion Date Execution Dat urity or Exercise (Month/Day/Year) if any		Date,	rate, Transaction Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 a	ties Ig e Secu	Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amo or Num of Shar	ber						
Non- Qualifying Stock Options <sup>(1)</sup>	\$4.4	05/21/2009			A		25,000		05/21/2010	05	5/21/2019	Common Stock	25,0	000	\$4.4	105,00	0	D		

## **Explanation of Responses:**

1. Stock options are cliff-vested over a 4 year period at a rate of 25% each year on the anniversary date of the grant.

/s/ Peter S. Roddy by Power of <u>Attorney</u>

05/26/2009

\*\* 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.