Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF	CHANGES	IN BENEFICIA	AL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1	93
or Section 30(h) of the Investment Company Act of 1940	

	L. Name and Address of Reporting Person* BARBIER REMI					2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ptie]									ationship o k all applio Directo	cable)	g Pers X	son(s) to Iss 10% Ov		
(Last)	(F	irst)	(Middle)			of Earliest	Trans	nsaction (Month/Day/Year)						below)	(give title Presiden	t and	Other (s below)	pecify		
(Street)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(City)	(S	tate)	(Zip)											X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	vativ	e Se	curitie	s Ac	quired,	Dis	posed o	f, or Be	neficia	illy	Owned					
			2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Sec Ber Ow		mount of urities eficially ned Following		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common	nmon Stock ⁽¹⁾		05/01	05/01/2008				S		25,000) D	\$7.2	7 ⁽²⁾	6,950,20			D			
Common	Stock ⁽¹⁾			05/02	2/2008	8			S		25,000) D	\$7.4	8 (3)	6,92	5,200	D			
Common	Stock ⁽⁴⁾			05/01	L/2008	8			J		6,628	A	\$5.7	431	40,	,529	I ⁽⁵⁾ By Spouse		By Spouse	
		-	Table II -								osed of, convertil				wned				·	
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. Transa Code (8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		e	7. Title an of Securii Underlyin Derivative (Instr. 3 a	ties g e Securit	S	B. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	O' Fo Di Oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amour or Number of Shares	r						
Common Stock ⁽⁶⁾	\$10.53	12/07/2007			J		20,000		01/07/20	08	12/07/2017	Common Stock	20,00	0	\$10.53	154,70	0	I ⁽⁵⁾	By Spouse	

Explanation of Responses:

- 1. This proposed sale in made pursuant to a plan intended to comply with Rule 10b5-1(c), previously adopted on February 7, 2007 when I was not aware of material non-public information.
- 2. Pursuant to a 10b5-1(c) plan, 25,000 shares were sold in thirty-four (34) lots at prices ranging from \$6.98 and \$7.43 per share.
- 3. Pursuant to a 10b5-1(c) plan, 25,000 shares were sold in twenty-one (21) lots at prices ranging from \$7.36 and \$7.57 per share.
- 4. Common stock purchased pursuant to Company's 2000 Employee Stock Purchase Plan.
- 5. This filing is done in connection with a transaction by a member of the immediate family of the reporting person. These transactions are exempt under section 16b-3.
- 6. Incentive Stock Options are granted based on the Internal Revenue Service limitations and Non-Qualifying Stock Options are granted for options exeeding those limits. Stock Options are vested over a four (4) year period at at rate of 1/48th per month.

05/02/2008 /s/ Remi Barbier

** 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.