FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL						
	OMB Number:	3235-0287						
l	Estimated average burden							
l	hours per response:	0.5						

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

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*  FRIEDMANN NADAV						2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ PTIE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 11/01/2011									X Officer (give title Other (specify below)  Chief Operating Officer					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									G. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(City)	(St	ate) (.	Zip)												Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,		Transaction Disposed Code (Instr. 5)			ities Acquired (A) d Of (D) (Instr. 3, 4			nd Sec Ben Owr	mount of urities eficially led Following orted	6. Own Form: (D) or (I) (Ins	Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	Trar	saction(s) r. 3 and 4)			(111511.4)	
Common Stock (1) 11/01/:						/2011 11/01/2011		J		596		A	\$3.8	359	259,851		D			
	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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		n of Deriv Secul Acqu (A) oi Dispo of (D) (Instr	of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		8. Price o Derivative Security (Instr. 5)		Ow For Dir or I (I) (	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	or Nui of	ount mber ares						

Explanation of Responses:

## Remarks:

 $(1) \ Common \ stock \ purchased \ pursuant \ to \ Employee \ Stock \ Purchase \ Plan.$ 

/s/Nadav Friedmann, PhD, MD 11/03/2011

\*\* 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.