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 | STATEMEN |
|--|----------|
| obligations may continue. See | =1.1 |
| Instruction 1(b). | Filed |

NT OF CHANGES IN BENEFICIAL 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 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* RODDY PETER S | | | | | | PAIN THERAPEUTICS INC [PTIE] | | | | | | | | | heck all a Dir | oplicable) ector | 10% | 10% Owner | |
|--|------|--------|------------------------------|--|----------|---|---|-----------|--|-----|---------------------|---|--------------------------------|---|---|---|---|---|--|
| (Last) | (Fii | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/23/2010 | | | | | | | | | | icer (give title ow) Chief Fina | Othe belo ncial Office | , | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Fo | Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - Nor | า-Deriv | ative/ | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | ficia | ally Own | ned | | | |
| Da | | | | 2. Transaction Date (Month/Day/Year) | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | Disposed | Securities Acquired (A) sposed Of (D) (Instr. 3, | | | nd Secu Bene | nount of irities eficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (1 | A) or O) | Price | Tran | saction(s) r. 3 and 4) | | (mour 4) | |
| Common Stock ⁽¹⁾ 12/2 | | | | | /23/2010 | | 12/23/ | /2010 | A | | 12,46 | 5 | A \$0 | |) | 56,522 | | | |
| | | Та | ıble II - C | | | | | | | | sed of, onvertib | | | | y Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) if any (Month/D | | | Date, Transaction Code (Inst | | | on of | | Expiratio | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | e derivative | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

1. These shares were acquired pursuant to vesting of a Restricted Stock Unit Award under the 2008 Equity Incentive Plan.

/s/Peter S. Roddy

** Signature of Reporting Person Date

01/06/2011

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.