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

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* RODDY PETER S | | | | | | 2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ptie] | | | | | | | | | all application | cable) r | g Pers | on(s) to Issu | ner |
|--|---|--|--|---------|-------|--|---|---------|------------------|------------------------------|--------------------|--|--|---|--|---|------------------------------|--|--|
| (Last) | (Fi | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/11/2006 | | | | | | | | X | below) | | | Other (s below) Officer | pecify |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Noi | n-Deriv | vativ | e Se | curit | ties Ac | quired | , Dis | posed o | of, or Be | neficia | lly (| Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 5. Amou Securitie Beneficia Owned F Reported | es ally Following | Form (D) or | : Direct Control of the control of t | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tropposition/ol | | ion(s) | | | msu. 4) |
| Common Stock ⁽¹⁾ 12/11/ | | | | | 1/200 | 2006 | | | P | | 10,00 | 0 A | \$3.1 | 19 | 26,757 | | | D | |
| Common Stock ⁽¹⁾ 12/11/ | | | | | 1/200 | 2006 | | S | | 10,00 | 0 D \$8 | | 5 ⁽²⁾ | 16,757 | | | D | | |
| | | - | Гable II - | | | | | | | | | , or Bene ble secu | | y O | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | ransaction Code (Instr. | | of | | exercis on Date Day/Ye | | | ies g Security | Deriva Securi | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e C s F ally C g (l | 10. 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 | Amount or Number of Shares | | | | | | |
| Common | \$3.19 | 12/11/2006 | | | P | | | 10,000 | 12/13/20 | 002 | 12/13/2012 | Common | 10.000 | | \$3.19 | 500,00 | 0 | D | |

Explanation of Responses:

- 1. This proposed sale is made pursuant to a plan intended to comply with Rule 10b5-1(c), previously adopted on 2/10/2006, when I was not aware of material non-public information.
- 2. Pursuant to a 10b5-1(c) plan, 10,000 shares were sold in fourteen (14) lots at prices ranging from \$8.49 and \$8.69 per share.

/s/ Peter S. Roddy

12/11/2006

** 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.