FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
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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

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*  ROBERTSON SANFORD						2. Issuer Name <b>and</b> Ticker or Trading Symbol PAIN THERAPEUTICS INC [ PTIE ]							(Ch	5. Relationship of Reporting (Check all applicable)  X Director			Person(s) to Issuer	
(Last)	st) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/14/2003								Officer below)	(give title		Other (specify below)	
(Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	e)				
(City)	(SI	ate)	(Zip)										Form filed by More than One Reporting Person				ing	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,		e, Transaction Disposed Code (Instr. 5)		ties Acquired (A) of (D) (Instr. 3, 4		Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	Code (Inst				6. Date Exercisabl Expiration Date (Month/Day/Year)		of Securities		es g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisa	ole	Expiration Date	Title	Amount or Number of Shares					
Non- Qualifying Stock Option <sup>(1)</sup>	7.16	07/14/2003			A		15,000		07/14/200	)4 <sup>(1)</sup>	07/14/2013	Common Stock	15,000	\$7.16	165,00	0	D	

## **Explanation of Responses:**

1. Stock options vest over a four year period usng a cliff vesting schedule of 25% of the shares on the anniversary date of the grant.

/s/ Sanford R. Robertson

07/16/2003

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.