FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-	

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	OMB Number:	3235-0287						
ı	Estimated average burden							
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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).

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 and Ticker or Trading Symbol PAIN THERAPEUTICS INC [PTIE]							elationship o ck all applica Director	able)	erson(s) to Iss 10% O		
(Last) 416 BRC	(F	irst) /AY		3. Date of Earliest Transaction (Month/Day/Year) 05/26/2005							Officer (below)	give title	Other (below)	specify	
(Street) SOUTH FRANCI (City)	isco C.		94080 (Zip)	4.	If Ame	ndment, I	Date (of Original File	d (Month/Day	y/Year)	Line)) K Form fil	ed by One R	ing (Check Ap eporting Perso nan One Repo	n
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date			Transaction te onth/Day/Y	Execution Date,		Code (Insti	Transaction Disposed Of (D) (Instr. 3, 4			4 and Securities Beneficially Owned Follo Reported		Ownership orm: Direct o) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V	Amount	(A) or (D) Price		Transaction(s) (Instr. 3 and 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 Execution Date, if any (Month/Day/Year)		Code (ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualifying Stock Options ⁽¹⁾	\$5.34	05/26/2005	05/26/2005	A		25,000		05/26/2006 ⁽¹⁾	05/26/2015	Common Stock	25,000	\$5.34	230,000	D	

Explanation of Responses:

1. Stock options are cliff-vested over a four year period at a rate of 25% of the shares on the anniversary of the date of grant.

/s/Peter S. Roddy, by power of attorney

05/26/2005

** 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.