FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CHA	ANGES IN	I BENEFI	CIAL C	DWNERS	SHIP

l	OMB APPRO	VAL
	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).

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* Ramasastry Saira					2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [PTIE]								neck all app X Direc	icable) or	ng Per	son(s) to Iss	vner	
(Last) 501 CAN	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/16/2017								below	r (give title)		Other (s below)	specify
(Street) RICHM(94804 (Zip)		4. If								Lin	e) X Form Form	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			n
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		Code (In	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)					Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code V Amount (A) or Pr						Price	Transaction(s) (Instr. 3 and 4)				,our 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 Da if any (Month/Day/	ate,	Transaction Code (Instr. B) Securit Acquir (A) or Dispos of (D)		n of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e O s Fe ally D or	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				ľ	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Non- Qualifying Stock Options (1)	\$4.1	06/16/2017	06/16/201	17	A		2,500		07/16/2017	06	6/16/2027	Common Stock	2,500	\$4.1	57,50	0	D	

Explanation of Responses:

(1) Non-Qualifying Stock Options issued pursuant to the Company's Equity Incentive Plan vest over four (4) year period at a rate of 1/48th per month.

/s/Remi Barbier by Power of <u>Attorney</u>

06/19/2017

** 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.