FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OI | - 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

| OMB APPROVAL | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average bu | rden | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* BLACK BEAR OFFSHORE MASTER FUND LP | | | <u>PA</u> | 2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [PTIE] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | 5. Relationship of Reporting (Check all applicable) Director Officer (give title below) | | | | X 10% (| Owner (specify | | | |
|--|--|--------|--------------------------------------|--|----------|---|-------------------------------------|--------------------------------------|-----------|---|--------------|-------------|---|--|-----------------------|--|--|---|------------|---|--|
| (Last) | (Fi | rst) (| (Middle) | | | 02/15/2007 | | | | | | | | | | | | | 20.011 | , | |
| (Street) (City) | (St | ate) (| (Zip) | | - 4. If | 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 Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | Date | Date Exec (Month/Day/Year) if an | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secui | | cially I Following | For (D) | Ownership rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (| A) or D) | Price | Trar | | nsaction(s) str. 3 and 4) | | | (111501.4) | | |
| Common Stock ⁽¹⁾ | | | 02/15 | 5/2007 | | | | P | | 6,700 |) | A | \$8.42 | | 2 6,150,173 | | | D | | | |
| Common Stock ⁽¹⁾ 02/15 | | | | 02/15 | /15/2007 | | | | P | | 1,700 | 1,700 A | | \$8 | 8.4 6,151,8 | | 51,873 | | D | | |
| | 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) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) Execution Date (Month/Day/Year) (Month/Day/ | | Date, | 4. Transaction Code (Instr. 8) | | | rative rities ired rosed | 6. Date E: Expiratio (Month/D | n Date ay/Ye | Amount of | | ount nber | nt er | | 9. Number of derivative Securities Securities Beneficially Owned Following Reported Transactior (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. Black Bear Offshore Master Fund, L.P.("Filer") disclaims membership in a group with any other person within the meaning of Rule 13d-5(b)(i) and Rule 16a-1(a)(1) under the Securities Exchange Act of 1934, as amended.

Eric Sippel

02/16/2007

** 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.