FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| | d Address of | 2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ptie] | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | | | |
|---|---|---|--|------------------|--|---|---|--------|---|---------------------|--|---|-----------|----------------|---|---|---|--|--|
| (Last) | (Fi | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2006 | | | | | | | | X | belov | , | Other below utive Officer | (specify) | |
| (Street) | | | 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 | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Nor | -Deriva | ative S | ecuriti | es Acc | uired, | Dis | osed o | f, oı | Bene | efici | ally | Owne | ed | | | |
| Date | | | | | . Transaction Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | , 4 and S B | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | e | | action(s) 3 and 4) | | (instr. 4) | |
| Common | Stock ⁽¹⁾ | | | 02/07/ | 2006 | 02/07/2006 | | S | | 300 | | D | \$8.83 | | 8,1 | 17,900 | D | | |
| Common | Stock ⁽¹⁾ | | | 02/07/ | 7/2006 02/0 | | 7/2006 | S | | 100 | | D | \$8.82 | | 8,117,800 | | D | | |
| Common | Stock ⁽¹⁾ | | 02/07/ | /2006 02/07/2006 | | S | | 300 | | D | \$8.81 | | 8,117,500 | | D | | | | |
| Common | Stock ⁽¹⁾ | | | 02/07/ | 2006 02/07/2006 | | S | | 300 | | D | \$8.77 | | 8,117,200 | | D | | | |
| Common | Stock ⁽¹⁾ | | /2006 02/07/2006 | | S | | 600 | | D | \$8.76 | | 8,116,600 | | D | | | | | |
| Common | Stock ⁽¹⁾ | /2006 02/07/2006 | | S | | 400 | | D | \$8.75 | | 8,116,200 | | D | | | | | | |
| | | Та | ıble II - C | | | | | | | sed of, onvertib | | | | | 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/Da | Date, 1 | i. Fransactic Code (Inst | on of tr. Deri Secu Acqu (A) o Disp of (I | of E | | xercis n Date ay/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | Deri Sec | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Date E | | Expiration | Amou or Numb of | | | | | | | | |

Explanation of Responses:

1. This proposed sale is made pursuant to a plan intended to comply with Rule 10b5-1(c), previously adopted on February 1, 2006, when I was not aware of material nonpubic information.

/s/Remi Barbier

02/07/2006

** 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.