FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

Ц	OMB APPRO	VAL					
	OMB Number:	3235-0287					
Estimated average burden							
П	houre por rosponso:	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

1. Name and Address of Reporting Person* LOUCKS VERNON R JR				<u>P</u>	2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ptie]							ck all applic Directo	able)	g Pers	on(s) to Iss 10% Ov Other (s	vner		
(Last) (First) (Middle) 1101 SKOKIE BLVD., SUITE 240				05	3. Date of Earliest Transaction (Month/Day/Year) 05/24/2007								below)			below)		
(Street) NORTHBROOK IL 60062			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ind Line)									
(City)	(S	tate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			. Transactio Pate Month/Day/\	Execution Date,		Code (II	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			4 and Securitie Beneficia		es Form ally (D) of Following (I) (Ir		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) o (D)	r _P	rice	Transact (Instr. 3 a	tion(s)			(111501. 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 Date if any (Month/Day/Ye	Code		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisabl		xpiration ate	Title	or	ount mber ires					
Non- Qualifying Stock Options ⁽¹⁾	\$8.17	05/24/2007		A		25,000		05/24/2008	В	5/24/2017	Common Stock	25,	.000	\$8.17	170,00	0	D	

Explanation of Responses:

 $1. \ Stock \ options \ vest \ over \ a \ four \ year \ period \ at \ a \ rate \ of \ 25\% \ of \ the \ shares \ on \ the \ anniversary \ of \ the \ date \ of \ grant.$

/s/ Peter S. Roddy, by power of <u>attorney</u>

06/05/2007

** 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.