FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

0.5

hours per response:

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

## STATEMENT OF 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

1. Name and Address of Reporting Person*  BARBIER REMI					2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ PTIE ]						(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner  Officer (the title Check all applicable)					
(Last) (First) (Middle) 7801 N. CAPITOL OF TEXAS HIGHWAY SUITE 260					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2011					X	X Officer (give title Other (specify below) below)  Chief Executive Officer/Chairm						
(Street) AUSTIN TX 78731 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Та	ble I - Non-De	erivati	ive S	ecuritie	s Ac	quired, Di	sposed o	f, or Ber	neficially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				е	action 2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.				5. Amount Securities Beneficial Owned For Reported	Form lly (D) (D) (I) (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code V	Amount	(A) or (D)	Price	Transaction (Instr. 3 and				msu. 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	ercise (Month/Day/Year) of ative	Execution Date, if any (Month/Day/Year) 8	4. Transa Code ( 8)		Derivative		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)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e S Illy	10. Ownership 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		(Instr. 4)	on(S)			
Stock Options <sup>(1)</sup>	\$10	06/01/2011	06/08/2011	A		300,000		07/01/2011 <sup>(1)</sup>	06/01/2021	Common Stock	300,000	\$10	4,237,4	92	D		

## **Explanation of Responses:**

1. Stock Options vest over a four (4) year period at a rate of 1/48th per month.

/s/Remi Barbier

06/08/2011

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.