FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  GUSSIN ROBERT Z						2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ PTIE ]									ationship o k all applio Directo	able)	g Pers	son(s) to Iss 10% Ov	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/14/2018									Officer (give title below)			Other (specification)	
(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)	(City) (State) (Zip)													74	Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ear)	if any	ecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		and Securitie Beneficia Owned F		es For ally (D) Following (I)		n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) oi (D)	Pric	rice Reported Transaction (Instr. 3 ar		ion(s)			(Instr. 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 I if any (Month/Day	Date, T	Code (Ins				6. Date Exercisal Expiration Date (Month/Day/Year		of Securities		ies g Securi	[ 5	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amou or Numb of Share	er					
Stock Options(1)	\$0.95	09/14/2018	09/14/20	18	A		15,000		10/14/2018	3 0	9/14/2028	Common	15,00	00	\$0.95	128,46	58	D	

**Explanation of Responses:** 

## Remarks:

(1)None-Qualifying Stock Options issued pursuant to the Company's Equity Incentive Plan vest over four (4) years period at a rate of 1/48th per month.

/s/Remi Barbier by Power of

09/18/2018

**Attorney** 

\*\* 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.