FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHAN	IGES IN B	ENEFICIAL	OWNERSHIP

OMB APPRO	VAL
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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* BLACK BEAR OFFSHORE MASTER FUND LP			2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [PTIE] 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2007									5. Relationship of Reportin (Check all applicable) Director Officer (give title below)				10% C	Owner (specify			
(Last) (First) (Middle) (Street) (City) (State) (Zip)				4. If Ar	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-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				or 5. Amo 4 and Securi Benefi Owned		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount		A) or D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock ⁽¹⁾			02/28	2/28/2007				P		31,700		Α	\$7.	.87 6,5		577,973		D		
Common Stock ⁽¹⁾⁽²⁾			02/28	3/2007				P		22,900)	Α	\$7.	\$7.91		6,600,873		D		
Common Stock ⁽³⁾			02/28	3/2007				P		39,200)	Α	\$7.96		6,640,073		D			
Common Stock ⁽⁴⁾				02/28	3/2007				P		4,500		A	\$7.88		6,644,573		D		
Common Stock ⁽⁵⁾ 03/01				./2007				P		22,175		Α	\$7.	7.78 6,6		6,666,748		D		
		e.g., pt ed Date, ay/Year)	4. Transacti Code (Ins	saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ants, on the street of the str	options, conver		able and and ar)	Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of		etr. 3	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Or Fo Di or (I)	N. Wnership orm: rect (D) Indirect (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.
- 2. 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.
- 3. 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
- 4. 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.
- 5. 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.

03/02/2007 Eric Sippel

** 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.