FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICI <i>A</i>	AL OWNERSHIP

OMB APPR	ROVAL
OMB Number:	3235-0287
Estimated average bu	rden
hours per response:	0.5
	OMB Number: Estimated average bu

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

Name and Address of Reporting Person*     FRIEDMANN NADAV					PAIN THERAPEUTICS INC [ PTIE ]										ieck all a		able)	g Pers	son(s) to Iss 10% Ov	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/05/2005									X Off bel	ow)	(give title	Other (specify below)		specify	
(Street)	(5)	tate)	(7in)		4. I	If Ame	endme	nt, Date	of Origina	l Filed	d (Month/I	Day/Ye	ear)	Lin	e)	or J	loint/Group	Filing	(Check Ap	·
(City)	(5		(Zip)												Pe	rson		e thar	n One Repo	rting
		Tab	le I - Nor	1-Deriv	ative	e Se	curit	ies Ac	quired	, Dis	sposed	of, c	or Ben	neficial	ly Own	ed				
Date			2. Trans Date (Month/I	/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 5)								s ally ollowing	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amour	nt	(A) or (D)		Trans	Transaction(s) (Instr. 3 and 4)				(111511.4)	
Common Stock 10			10/05	5/2005 10/05/2005		P		10,0	10,000 A		\$2	:	155,000			D				
		-	Table II - I								osed o				Owne	d				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Yellow)			3A. Deemed Execution I if any (Month/Day	ate, Transact Code (In:					6. Date Exercisable and Expiration Date (Month/Day/Year)		of : Un De	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisa	ıble	Expiratior Date	Titl	le	Amount or Number of Shares						
Stock Options <sup>(1)</sup>	\$2	10/05/2005	10/05/20	005	X			10,000	03/01/2	004	03/01/201		mmon Stock	10,000	\$2		1,165,00	00	D	

## **Explanation of Responses:**

1. Exercise and hold of 10,000 shares of non-qualified stock options at \$2.00 per share issued on 3/01/2000, fully vesting on 3/1/2004 and expiring on 3/1/2010.

/s/Nadav Friedmann,Ph.D.,

<u>M.D.</u>

10/06/2005

\*\* 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.