FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSH

	OMB APP	RUVAL			
IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287			
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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* Schoen Eric				2. Issuer Name <b>and</b> Ticker or Trading Symbol PAIN THERAPEUTICS INC [ PTIE ]									(Che	ck all applic	cable) r	Person(s) to Is		
(Last) (First) (Middle) 7801 N CAPITAL OF TX HWY SUITE 260				3. Date of Earliest Transaction (Month/Day/Year) 10/31/2018									X	Officer (give title below)  Chief Financial		below		
(Street) AUSTIN			78731		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ind Line) X	<b>'</b>						
(City)	(S		(Zip) ole I - Non	Dorive	\		ouritios		auirad F	Nior	20004.0	of or Bo	nofic	ially	Owned			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D:  Table II - Derivati			action 2A. Deemed Execution Date,			3. Transac Code (In 8) Code	tion str.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)  Amount (A) or (D)  Dsed of, or Benefici			or and ce	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		. Ownership orm: Direct D) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	4. Transactio Code (Insti		ction	5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		ount 8. Price Derivativ		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership t (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Share	oer				
Common Stock (1)	\$1.18	10/31/2018			A		50,000		11/30/2018	1	0/31/2028	Common Stock	50,0	00	\$1.18	50,000	D	

**Explanation of Responses:** 

## Remarks:

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

<u>/s/Eric Schoen</u> <u>11/01/2018</u>

\*\* 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.