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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: Estimated average burden

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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* Ramasastry Saira					2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [PTIE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 501 CANAL BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 12/06/2017								Office below	(give title		Other (s below)	pecify	
(Street) RICHMOND CA 94804 (City) (State) (Zip)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Nor	n-Deriv	vativ	e Se	curities	AC	quired, D	ispo	osed o	f, or Be	neficia	ly Owne				
1. Title of Security (Instr. 3) 2. Trans Date (Month/I				saction	ear)	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4		5. Amou Securiti Benefic	int of es ally Following	Form (D) or	Form: Direct	7. Nature of Indirect Beneficial Ownership		
								Code V	_	Amount	ount (A) or (D)		Transac	action(s) 3 and 4)			(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,	Code (Inst				6. Date Exercisal Expiration Date (Month/Day/Year)		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Exp	xpiration ate	Title	Amount or Number of Shares					
Non- Qualifying Stock	\$4.09	12/06/2017	12/06/20)17	A		22,500		01/06/2018	12/0	06/2027	Common Stock	22,500	\$4.09	79,99	1	D	

Explanation of Responses:

Remarks:

(1)

(1)Non-Qualifying Stock Options Issued pursuant to the Company's Equity Incentive Plan vest over four (4) year period at a rate of 1/48th per month.

/s/Remi Barbier by Power of **Attorney**

12/08/2017

** Signature of Reporting Person

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.