FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STA
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

ATEMENT 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* ROBERTSON SANFORD				2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ptie]					(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) FRANCI ROAD	,	First) TNERS 2882 SA	(Middle) ND HILL		3. Date of Earliest Transaction (Month/Day/Year) 09/15/2006							(give title	Other (s below)			
SUITE 2	80			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable ine)					
(Street) MENLO	PARK (CA	94025											led by More th	eporting Perso han One Repo	
(City)	(State)	(Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			Transaction te onth/Day/Y	Execution Date,		Code (II							orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) o (D)	Price	Transact (Instr. 3 a	ion(s)		(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Derivative Conversion Date Execution Date, True Security or Exercise (Month/Day/Year) if any			Code	ansaction of ode (Instr. Derivative			5. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares				
Non- qualifying stock	\$8	09/15/2006		A		15,000		10/15/2006	5 0	09/15/2016	Common Stock	15,000	\$8	285,000	D	

Explanation of Responses:

1. Stock options are vested over a four year period at a rate of 1/48th per month.

/s/ Peter S. Roddy, by power of <u>attorney</u>

11/13/2006

** 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.