FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235- | | | | | | | |
| 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

| l | Iress of Reporting | J MD PHD | 2. Date of Even Requiring State (Month/Day/Yea 12/07/2007 | atement (/ear) PAIN THERAPEUTICS INC [ptie] | | | | | | | | | |
|--|--------------------|------------------|--|--|--|--------------|-------------------------------------|---|--|---|--|--|--|
| (Last) C/O XOMA, | (First) | (Middle) | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | (1) | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | | |
| 2910 SEVENTH STREET | | | | | Officer (give title below) | | Other (specify below) | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) BERKELEY | CA | 94710 | | | | | | | | y One Reporting Person y More than One erson | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | t (D) (In | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | | 4. Conversi or Exerci | se Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | | Date Exercisable | Expiratior Date | ı Title | | Amount or Number of Shares | Price of Derivativ Security | Direct (D) or Indirect (I) (Instr. 5) | | | | |
| Non-Qualifyin | g Stock Option | S ⁽¹⁾ | 05/22/2008 | 12/07/2017 | | Common Stock | 25,000(1) | 10.53 | D | | | | |
| Non-Qualifying Stock Options ⁽²⁾ | | | 01/07/2008 | 12/07/2017 | | Common Stock | 15.000 ⁽²⁾ | 10.53 | D | | | | |

Explanation of Responses:

- 1. Stock Options are vested over a four (4) year period at a rate of 25% per year, starting on the date of the annual shareholders' meeting scheduled for May 22, 2008.
- 2. Stock Options are vested over a four (4) year period at a rate of 1/48th per month.

/s/ Patrick Scannon

12/11/2007

** 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 5 (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.