FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL										
l	OMB Number:	3235-028									
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0.5

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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  GUSSIN ROBERT Z						2. Issuer Name <b>and</b> Ticker or Trading Symbol PAIN THERAPEUTICS INC [ PTIE ]						(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/26/2005							7		r (give title	Other (sp below)		1
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
(City) (State) (Zip)												Form filed by More than One Reporting Person					
		Tal	ole I - Non-l	Derivat	ive S	ecuritie	s Ac	quired, [	Disp	osed o	f, or Ber	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,		Code (Instr. 5)			5. Amour Securitie Beneficia Owned F	s ally ollowing	Form	: Direct II Indirect E str. 4) (	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
			Table II - De (e					uired, Di s, options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Cod	saction e (Instr.	of		6. Date Exercisab Expiration Date (Month/Day/Year)		of Securi		g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	e V	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares					
Non- Qualifying Stock Options <sup>(1)</sup>	\$5.34	05/26/2005	05/26/2005	6 A		25,000		05/26/2006 <sup>(</sup>	1) (	05/26/2015	Common Stock	25,000	\$5.34	130,00	0	D	

## Explanation of Responses:

 $1. \ Stock \ options \ are \ cliff-vested \ over \ a \ four \ year \ period \ at \ a \ rate \ of \ 25\% \ of \ the \ shares \ on \ the \ anniversary \ of \ the \ date \ of \ grant.$ 

/s/Peter S. Roddy, by power of attorney

05/26/2005

\*\* 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.