FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

| wasnington, D.C. 20549 | OMB APPROVAL | | |
|--|--------------|-------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235- | |

| | OMB Number: | 3235-0287 |
|---|-----------------------|-----------|
| | Estimated average bur | den |
| П | l | 0.5 |

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

| | | | | | | | . , | | | | ' ' | | | | | | | | |
|--|---|------------|--|--|--------------------------------|--|---------|---------------|--|---------------------------------|--------------------------------------|---|---|---------------------------------|--|--------------------|--|---------------------------------------|--|
| Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [ptie] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| ROBERTSON SANFORD | | | | 1 | THIN THEIGH EOTICS INC [pue] | | | | | | | | X | Director | • | | 10% Ov | vner | |
| (Last) (First) (Middle) FRANCISCO PARTNERS 2882 SAND HILL ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2006 | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | | |
| SUITE 280 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Stroot) | | | | | | | | | | | | | Lir | ne) | | | _ | | |
| (Street) MENLO | PARK (| CA | 94025 | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (| (State) | (Zip) | | | | | | | | | | | | 1 013011 | | | | |
| | | Tal | ble I - Non | -Deriv | ative | Se | curitie | s Ac | quired, [| Dis | oosed of | f, or Ber | neficia | lly (| Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | 3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | | | 4 and Securi Benefi Owned | | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transacti (Instr. 3 a | ction(s) | | | (IIISti. 4) | | | | |
| | | | Table II - [| | | | | | uired, Di | | | | | y Oı | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Date Execution I | Date, Transactio Code (Insti | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title an of Securit Underlyin Derivative (Instr. 3 an | Derivative Security | | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode V | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | |
| Non- qualifying stock options ⁽¹⁾ | \$8.22 | 05/25/2006 | | | A | | 25,000 | | 05/25/2007 ⁽³ | 1) | 05/25/2016 | Common Stock | 25,00 | 0 | \$8.22 | 270,00 | 00 | D | |

Explanation of Responses:

1. Stock options vest 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

06/05/2006

** 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.