FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

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*					2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [PTIE]									heck all a	applicable) rector		Owner	
(Last) (First) (Middle) 416 BROWNING WAY				3. Date of Earliest Transaction (Month/Day/Year) 04/15/2005									ficer (give title low) Chief Exec					
(Street) SOUTH FRANCI (City)	SCO CA)4080 Zip)		4. If	Ame	endment,	Date of	f Original	Filed	(Month/Da	ay/Yea	ar)		ne) X Fo	orm filed by On	p Filing (Check e Reporting Pe re than One Re	rson
		Tabl	e I - Non-	-Deriva	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	ficia	lly Ow	ned		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution D		n Date,	3. Transa Code (n Disposed O		ties Acquired (A) d Of (D) (Instr. 3,		d Sec Ber Ow	mount of urities eficially ned Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		(A) or (D)	Price	Trai	nsaction(s) tr. 3 and 4)		(Instr. 4)	
Common Stock 04/15/				/2005 04/15/2005		/2005	G		18,000 D		\$0) [3,151,200	D				
		Та	ble II - Do (e						,		sed of, onvertib			,	/ Owne	d		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Date,	4. Transactio Code (Instr				6. Date Exercis. Expiration Date (Month/Day/Yea		9	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivativ Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisal		Expiration Date	Title	or Num of	nber				

Explanation of Responses:

/s/Remi Barbier

04/18/2005

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).