### Edgar Filing: BARBIER REMI - Form 4

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Form 4 August 08, 20											
EODM									OMB APPROVAL		
FORM	<b>4</b> UNITED S	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287	
Subject to Section 16. Form 4 or Form 5 Obligations Section 17(a) of the			F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange Public Utility Holding Company Act of					Estimate burden h response e Act of 1934,			
may conti <i>See</i> Instru 1(b).	inue.			vestment	•	· ·			-		
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> BARBIER REMI			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
	PAIN THERAPEUTICS INC [PTIE]					(Check all applicable)					
(Last)	(First) (M	liddle)	08/08/2011X Offi				· · · · · · · · · · · · · · · · · · ·	X 10% Owner ve titleOther (specify below) hairman of the Board			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
		Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State) (	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi on(A) or Di (Instr. 3, Amount	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	08/08/2011	08/08/20	011	Р	5,000	A	\$ 4.219	5,948,053	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Relationships							
Director	10% Owner	Officer	Other				
Х	Х	CEO, Chairman of the Board					
			Director 10% Owner Officer				

## Signatures

Reporting Person

/s/Remi Barbier	08/08/2011		
**Signature of	Date		

## **Explanation of Responses:**

\* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.