Edgar Filing: PAIN THERAPEUTICS INC - Form 4

PAIN THERAPEUTICS INC								
Form 4 November 18, 2014								
								PPROVAL
	STATES SECUR Was	RITIES AN shington, l			NGE (COMMISSION	OMB Number:	3235-0287
Section 16. Form 4 or Form 5 Filed pur	IENT OF CHAN suant to Section 1 a) of the Public Ut 30(h) of the In	SECURI 6(a) of the tility Holdi	TIES Securiti	es Ex pany	chang Act o	ge Act of 1934, f 1935 or Sectio	Expires: Estimated a burden hou response n	rs per
(Print or Type Responses)								
1. Name and Address of Reporting FRIEDMANN NADAV	Symbol	Name and T			-	5. Relationship of Issuer	f Reporting Per	
(Last) (First) (I	(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 11/18/2014			_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chief Operating Officer			
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City) (State)	(Zip) Tabl	e I - Non-De	erivative S	ecurit	ies Ac	quired, Disposed of	f, or Beneficial	lly Owned
1.Title of Security (Instr. 3)2. Transaction Dat (Month/Day/Year)		3. Transaction Code	4. Securi nAcquired Disposed (Instr. 3,	ties (A) o of (D	r)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial
Common 10/08/2014 Stock	10/08/2014		5,000	(D) D	\$ 0	359,893	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)

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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and A Underlying S (Instr. 3 and	Securitie
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou Numb Shares
Stock Options(1)	\$ 1.72	11/14/2014	11/14/2014	А	300,000	12/14/2014	11/14/2024	Common Stock	300,0

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FRIEDMANN NADAV							
	Х		Chief Operating Officer				

Signatures

/s/Nadav Friedmann, PhD, MD	11/18/2014		
<u>**</u> Signature of Reporting Person	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).

Remarks:

(1) Stock option vest over four (4) years period at a rate of 1/48th per month.

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.