Edgar Filing: BLACK BEAR OFFSHORE MASTER FUND LP - Form 4

BLACK BEAR OFFSHORE MASTER FUND LP

Form 4

December 16, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SECURITIES

OMB Number:

3235-0287

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

OMB APPROVAL

Estimated average

burden hours per response...

Section 16. Form 4 or

Check this box

if no longer

subject to

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and A BLACK BE | Person * 2. Issue Symbol | 2. Issuer Name and Ticker or Trading Symbol | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|--------------------------------------|---|---|---|--|--------|------------|--|--|---|--|--|
| MASTER FUND LP | | | PAIN THERAPEUTICS INC [ptie] | | | | | (Check all applicable) | | | |
| (Last) | (First) (N | (Month/D | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2005 | | | | Director Officer (give below) | e title Other below) | | | |
| (City) | (Street) | Filed(Mor | 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) | Tabl | e I - Non-D | erivative S | ecurit | ies Acq | uired, Disposed o | f, or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securition(A) or Dis (Instr. 3, 4) | posed | 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) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock (1) | 12/15/2005 | | P | 29,880 | A | \$ 6.78 | 4,834,556 | D | | | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 | 2. | 3. Transaction Date (Month/Day/Year) | | 4. | 5. | 6. Date Exercises Date Expiration Da | | 7. Title and | 8. Price of | 9. Nu Deriv |
|--------------------------------------|---|--------------------------------------|------------------|---------------------------------|--|--------------------------------------|--------------------|---|--------------------------------------|---|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | (Month/Day/Year) | Transacti Code (Instr. 8) | orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | | Amount of Underlying Securities (Instr. 3 and 4) | Derivative Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | , , | | Expiration Date | Title Amount or Number of | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BLACK BEAR OFFSHORE MASTER FUND LP

X

Signatures

Eric Sippel 12/16/2005

**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).
- (1) Black Bear Offshore Master Fund, L.P. ("Filer") disclaims membership in a group with any other person within the meaning of Rule 13d-5(b)(i) and Rule 16a-1(a)(1) under the Securities Exchange Act of 1934, as amended.

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.

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