Edgar Filing: PAIN THERAPEUTICS INC - Form 4

PAIN THER. Form 4 May 19, 2006	APEUTICS IN	С								
									OMB AF	PROVAL
FORM	UNITEL) STATES		TTIES A			NGE C	COMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or						Expires: January 31 2005 Estimated average burden hours per response 0.5				
Form 5 obligation may conti <i>See</i> Instru 1(b).	$\frac{1}{1}$ Section 17	(a) of the	Public Ut	• •	ing Com	pany	Act of	e Act of 1934, E 1935 or Section 40	n	
(Print or Type R	esponses)									
	ddress of Reporting AR OFFSHOR UND LP	-	Symbol	Name and HERAPE			-	5. Relationship of Issuer	Reporting Pers	son(s) to
(Last)	(First)	(Middle)						(Chec	k all applicable	;)
(Lust)	(1137)	(Wildele)	3. Date of Earliest Transaction (Month/Day/Year) Director X 10% Owr 05/08/2006 Officer (give title below) Other (spectrum)							
				onth/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)	Table	e I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securiti n(A) or Dis (Instr. 3, 4	posed and 5 (A)	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
Common Stock (1)	05/18/2006			Code V P	Amount 20,977	or (D) A	Price \$ 8.19	(Instr. 3 and 4) 5,252,586	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 Derivative2.Derivative SecurityConversion or Exercise(Instr. 3)Price of Derivative Security		· · · · · ·	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. of Derivati Securitie Acquired (A) or	Expiration D (Month/Day, ve es	Expiration Date (Month/Day/Year)		tle and unt of crlying rities c. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo
				Code V	Disposed of (D) (Instr. 3, 4, and 5))) Date	Expiration	Title			Trans (Instr
D						Exercisable	Date		or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships				
FB		10% Owner	Officer	Other	
BLACK BEAR OFFSHORE MASTER FUND LP					
		Х			

Signatures

Eric Sippel	05/19/2006				
<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).
- (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.