### Edgar Filing: PAIN THERAPEUTICS INC - Form 4

	APEUTICS II	NC									
Form 4 March 14, 20	07										
FORM	Л									PROVAL	
	UNITE	CD STATES		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer CTLATED (EDUTE OF CHANCES DUPED) (EDUTED)							Expires:	January 31 2005			
subject to	SIAL	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							iverage		
Section 1 Form 4 or		SECORITIES							burden hours per response 0.		
Form 5 obligatior		•					•	e Act of 1934,	·		
may conti				•	•	• •		f 1935 or Section	n		
See Instru 1(b).	iction	30(n)	of the In	vestment	Company	Act	01 194	ŧŪ			
1(0).											
(Print or Type R	lesponses)										
BLACK BEAR OFFSHORE Symbol				er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
MASTER FUND LP PAIN T			THERAPEUTICS INC [PTIE]				(Chec	k all applicable	.)		
(Last)	(First)	(Middle)		f Earliest Tra	ansaction						
			(Month/D 03/14/20	-				Director Officer (give below)	title $\_X\_10\%$ below)		
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Filir	g(Check	
Filed(Mor				nth/Day/Year)	)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	emed on Date, if Day/Year)	3. Transactic Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock (1)	03/14/2007			Р	33,100	A	\$ 7.03	6,780,448	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. orNumber of Derivati Securitic Acquire (A) or Dispose of (D) (Instr. 3. 4, and 5	(Month/Day/Year) ive es ed ed		Amor Unde Secur	le and unt of rlying rities . 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
Deme				Code V	· · ·	·	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

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

# Signatures

Eric Sippel	03/14/2007				
<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).
- Black Bear Offshore Master Fund, L.P. ("Filer") disclaims membership in a group with any other person within the meaning of Rule (1) 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.