#### PAIN THERAPEUTICS INC

Form 4 March 06, 2009

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

ROBERTSON SANFORD Symbol							5. Relationship of Reporting Person(s) to Issuer			
			PAIN THERAPEUTICS INC [ptie]				(Check all applicable)			
(Last)	(First) (N	Middle) 3. Dat	e of Earliest Tr	ansaction				••		
			(Month/Day/Year)				_X_ Director		Owner	
	O PARTNERS 2 L ROAD, SUITE	02,0	1/2009				Officer (give below)	below)	er (specify	
(Street) 4. If			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
MENLO PA	RK, CA 94025	Filed(	Month/Day/Year	)			Applicable Line) _X_ Form filed by Form filed by l Person	One Reporting Pe More than One Re		
(City)	(State)	(Zip) T	able I - Non-D	erivative S	ecuriti	ies Acq	quired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	4. Securit on(A) or Dis (D) (Instr. 3, 4	sposed	of	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	03/04/2009		P	25,000	A	\$ 0.1	194,019	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)

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

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. Transaction Code (Instr. 8)	Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Common Stock	\$ 0.1	03/04/2009		P		25,000	05/07/1999	05/07/2009	Common Stock	25,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b>FS</b>	Director	10% Owner	Officer	Other		
ROBERTSON SANFORD FRANCISCO PARTNERS 2882 SAND HILL ROAD SUITE 280 MENLO PARK, CA 94025	X					
<b>A</b> ! .						

### **Signatures**

/s/ Sanford
Robertson

\*\*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).

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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