Edgar Filing: PAIN THERAPEUTICS INC - Form 4

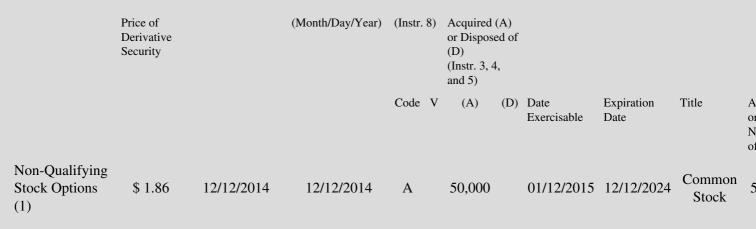
PAIN THERA	PEUTICS INC	1								
Form 4	2014									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							т	OMB APPROVAL		
		JIIIL J		shington				Nome Number:	3235-0287	
Check this b if no longer subject to Section 16. Form 4 or Form 5	STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:January 31, 2005Estimated average burden hours per response0.5	
Form 5 obligations may continue. See Instruction 1(b). 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										
(Print or Type Res	ponses)									
1. Name and Address of Reporting Person <u>*</u> ROBERTSON SANFORD			2. Issuer Name and Ticker or Trading Symbol PAIN THERAPEUTICS INC [PTIE]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) ((Middle) 3. Date of Earliest Transaction			(Che	(Check all applicable)				
FRANCISCO PARTNERS 2882 SAND HILL ROAD, SUITE 280			(Month/Day/Year) 12/12/2014				X_ Director 10% Owner Officer (give title Other (specify below) below)			
Fi				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 			
MENLO PAR	K, CA 94025						Person		1 0	
(City)	(State)	(Zip)	Tab	le I - Non-J	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
	Transaction Date onth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securiti nAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	Securities	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Denert	on a senarata lin	for each al	ass of soo				or indirectly			
Reminder: Report	on a separate line		ass of sec	unities dene	Perso inform requir	ns who rest nation cont ed to resp ys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Am
Derivative Security	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Sec
(Instr. 3)	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

Edgar Filing: PAIN THERAPEUTICS INC - Form 4



Reporting Owners

Reporting Owner Name / Address		Relationships					
I G G G G G G G G G G G G G G G G G G G	Direct	tor	10% Owner	Officer	Other		
ROBERTSON SANFORD FRANCISCO PARTNERS 2882 SAND HILL RO SUITE 280 MENLO PARK, CA 94025	DAD X	C					
Signatures							
/s/ Peter S. Roddy by Power of Attorney 12/	/16/2014						
**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)Non-Qualifying Stock Options issued pursuant to the Company's 2008 Equity Incentive Plan vest over four(4)years period

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.