Edgar Filing: PAIN THERAPEUTICS INC - Form 4

PAIN THER Form 4 May 18, 2013	APEUTICS INC	2							
FORM Check thi	UNITED	Washington, D.C. 20549							
if no long subject to Section 14 Form 4 of Form 5 obligation may conti <i>See</i> Instru 1(b).	er STATEN 6. Filed put ¹⁵ Section 17(MENT OI rsuant to S (a) of the I 30(h)	Estimated burden hou response	urs per					
(Print or Type R	esponses)								
1. Name and Address of Reporting Person <u>*</u> O DONNELL MICHAEL J			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 (Month/Day/Year) 05/14/2015				(Check all applicable) <u>X</u> Director <u>Officer (give title</u> below) <u>Director</u> <u>Director</u> <u>below</u>)		
	(Street)			endment, D onth/Day/Yea	-	1		Joint/Group Fili y One Reporting P y More than One R	erson
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, 4 Amount	(A) or 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)
Reminder: Repo	ort on a separate line	e for each cl	ass of sec	urities bene	Perso inforn requir	ns who rest nation cont ed to respo ys a curren	or indirectly. Spond to the colle ained in this form and unless the fo ntly valid OMB co	n are not orm	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	Transactio	orDerivative	Expiration Date	Underlying Sect
(Instr. 3)	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)		

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	Derivative Security	e				or Disposed of (D) (Instr. 3, 4, and 5)					
				Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	A oi N of
Non-Qualifying Stock Options (1)	\$ 2.23	05/14/2015	05/14/2015	А		50,000		05/14/2016	05/14/2025	Common Stock	5

Reporting Owners

Reporting Owner Name / Address	Relationships						
L O	Director	10% Owner	Officer	Other			
O DONNELL MICHAEL J							
	Х						

Signatures

/s/ Peter S. Roddy by Power of 05/18/2015 Attorney Date

**Signature of Reporting Person

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 4 years at a rate of 2

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.