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PAIN THER	APEUTICS INC	2								
Form 4	006									
March 06, 20	_							OMB AF	PROVAL	
FORM	UNITED	STATES S	SECURITIES A Washington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check the if no long	ter							Expires:	January 31, 2005	
subject to	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF					NERSHIP OF	Estimated average			
	Section 16. Form 4 or			SECONTIES				burden hours pe response		
Form 5 obligation	*		ection 16(a) of the			•				
may cont	inue. Section 17		ublic Utility Hold f the Investment	•	· ·			1		
See Instru 1(b).	uction	30(II) 0	i the myestilient	Compan	y Aci	01 194	0			
)									
(Print or Type F	(esponses)									
1. Name and Address of Reporting Person <u>*</u> BARBIER REMI			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			PAIN THERAPE	EUTICS I	NC [j	ptie]	(Checl	k all applicable)	
(Last)	(First)	(Middle)	3. Date of Earliest Tr	ansaction			(Chief)	
			(Month/Day/Year) 03/06/2006				X Director X Officer (give	X10% title Othe		
		,	570072000				below)	below) dent and CEO		
	(Street)	2	4. If Amendment, Da	te Original			6. Individual or Jo		g(Check	
	× /		Filed(Month/Day/Year	-			Applicable Line)			
							X Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Table I - Non-D	erivative S	Securi	ties Acqu	uired, Disposed of,	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Execution any		4. Securiti on(A) or Dis (Instr. 3, 4	posed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock (1)	03/06/2006		S	35,000	D	\$ 10.56	8,070,200	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. Transact Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	5	Date	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) 7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1 0	Director	10% Owner	Officer	Other			
BARBIER REMI							
	Х	Х	President and CEO				

Signatures

/s/Remi Barbier	03/06/2006
<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) Pursuant to a 10b5-1 plan 35,000 shares were sold in twelve (12) lots at prices ranging between \$10.45 and \$10.69 per share.

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.