

ACURA PHARMACEUTICALS, INC

Reported by
CLEMENS PETER A

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 12/12/16 for the Period Ending 12/08/16

Address	616 N. NORTH COURT, SUITE 120 PALATINE, IL 60067
Telephone	847-705-7709
CIK	0000786947
Symbol	ACUR
SIC Code	2834 - Pharmaceutical Preparations
Industry	Biotechnology & Medical Research
Sector	Healthcare
Fiscal Year	12/31

FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person - CLEMENS PETER A (Last) (First) (Middle)		2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC [ACUR]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director _____ 10% Owner <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) Senior VP and CFO	
C/O ACURA PHARMACEUTICALS, INC., 616 N. NORTH COURT, SUITE 120 (Street)		3. Date of Earliest Transaction (MM/DD/YYYY) 12/8/2016		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	
PALATINE, IL 60067 (City) (State) (Zip)		4. If Amendment, Date Original Filed (MM/DD/YYYY)			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			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)
			Code	V	Amount	(A) or (D)	Price			

Table II - Derivative Securities Beneficially Owned (e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		(A)	(D)	Date Exercisable	Expiration Date				
Stock Options	\$0.915 (1)	12/8/2016		A		34000	(2)	12/7/2026	Common Stock	34000	(3)	34000	D	

Explanation of Responses:

- (1) Exercise price is closing price of Issuer's common stock on December 8, 2016.
- (2) one-twenty-fourth of shares underlying options vest and are exercisable on the last day of each month commencing December 31, 2016 and ending on November 30, 2018. Option vesting and exercisability is accelerated upon a qualifying change of control and upon termination of employment for certain reasons.
- (3) Not Applicable.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CLEMENS PETER A C/O ACURA PHARMACEUTICALS, INC. 616 N. NORTH COURT, SUITE 120 PALATINE, IL 60067			Senior VP and CFO	

Signatures

/s/ Peter A. Clemens 12/9/2016

**Signature of Reporting Person

Date

* 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.

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.