

ACURA PHARMACEUTICALS, INC

Reported by WESSON BRUCE F

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/06/16 for the Period Ending 01/04/16

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 & Drugs

Sector Healthcare

Fiscal Year 12/31





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

WESSON BRUCE F

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

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

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

Name and Address of Reporting Person * WESSON BRUCE F					2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC [ACUR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
												X Director 10% Owner					
(Last) (First) (Middle)					Date of Earliest Transaction (MM/DD/YYYY)							Officer (give title below)Other (specify below)					
C/O ACURA PHARMACEUTICALS, INC., 616 N. NORTH COURT					1/4/2016												
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line					
PALATINE, IL 60067 (City) (State) (Zip)												X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(eny) (si	atc) (Z															
				- Non-L	ate 2	A. Deemed execution					quired (A)	5	Amount of Securities Beneficially Owned bllowing Reported Transaction(s) nstr. 3 and 4)			Ownership of Form: EDirect (D)	7. Nature
					Date, if any		(msu. o)			r. 3, 4 and 5							Beneficial Ownership
						Code	V	Ame	(A) count (D)		:				(I) (Instr. 4)	,	
Common Stock 1/4/2010				1/4/2016			M (1)		10309		<u>(2)</u>		36644 <u>(3) (4)</u>			D	<u> </u>
	Tab	le II - Der	ivative S	Securitie	es Be	eneficially	Owned (e.g.	, put	s, calls, v	varrant	s, o	options, conve	rtible sec	curities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deem Execution Date, if ar		Derivati		e Securities (A) or of (D)	6. Date Exerci Expiration Da					Underlying Derivativ Security Security		Securities Beneficially Owned	Security:	Beneficial
				Cod	e V	V (A)	(D)	Date Exerc		Expiration Date	Title		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Restricted Stock Units (4)	<u>(2)</u>	1/4/2016		М			10309		<u>(5)</u>	<u>(5)</u>	Comm Stock		10309	(2)	0	D	
Restricted Stock Units	<u>(2)</u>	1/4/2016		A		22026			<u>(6)</u>	<u>(6)</u>	Comm Stock		22026	<u>(7)</u>	22026	D	
Explanation o	f Response:	s:															
-	exchange o		l stock un	nits.													
(Par value o	of \$.01 must	be paid by	Reportin	ng Perso	n (oı	r withheld	from casl	ı dist	ribut	ions) upo	n excha	nge	e of Restricted	Stock Ur	nits for cash	or stock	
(8	(-					/		0					
3) Does not in	nclude Restr	icted Stock	c Units.														
(Reflects 1	for 5 Revers	e Stock Sp	olit effect	ive Aug	ust 2	27, 2015.											
													September 30, e upon paymen				
6) 40% of Re	stricted Stoc	k Units for	r cash an	d the rer	naini	ing Restric	cted Stock	Unit	ts wi	ll be exch	anged o	n a	16. Reporting a one for one b	asis for co	ommon stoc	k, in each	case
(N/A																	
Reporting Ow	ners																
Reporting Owner Name / Address				D: +	Relationships												

Director 10% Owner Officer Other

C/O ACURA PHARMACEUTICAI 616 N. NORTH COURT PALATINE, IL 60067	LS, INC. X		
Signatures			
/s/ Bruce Wesson	1/6/2016		

/s/ Bruce Wesson 1.

**Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** 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.