

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

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* EMIGH JAMES F _____ (Last) (First) (Middle) C/O ACURA PHARMACEUTICALS, INC. 616 N. NORTH COURT SUITE 120 _____ (Street) PALATINE IL 60067 _____ (City) (State) (Zip)	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) VP Corporate Development
	3. Date of Earliest Transaction (Month/Day/Year) 12/11/2018	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction 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 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. Transaction 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 (Month/Day/Year)		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: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Date Exercisable	Expiration Date						Title
Restricted Stock Unit ⁽¹⁾	\$0.01 ⁽²⁾	12/11/2018		A	60,000	(3)	(3)	Common Stock	60,000	(4)	60,000	D	
Stock Option ⁽⁵⁾	\$0.151 ⁽⁶⁾	12/11/2018		A	20,000	12/11/2019 ⁽⁷⁾	12/11/2023	Common Stock	20,000	(4)	20,000	D	

Explanation of Responses:

- Awarded under the Acura Pharmaceuticals Inc. 2017 Restricted Stock Unit Award Plan (the "Plan").
- Par value of \$.01 must be paid by Reporting Person upon exchange of Restricted Stock Units for stock.
- 100% of Restricted Stock Units vest on December 11, 2019 or earlier if Reporting Person's service as an employee of Issuer is terminated by Issuer without Cause (as defined in the Plan) or due to Reporting Person's death or Disability (as defined in the Plan) or a qualifying change of control occurs. Distributions in respect of vested Restricted Stock Units will be made in three equal installments on the first business day of each of January 2021, 2022, and 2023 or earlier upon a qualifying change of control which also meets certain criteria of Section 409A of the Internal Revenue Code.
- Not Applicable.
- Awarded under the Acura Pharmaceuticals Inc. 2016 Stock Option Plan.
- Exercise price is closing price of Issuer's common stock on December 11, 2018.
- Option vesting and exercisability is accelerated upon a qualifying change of control.

/s/ James F. Emigh 12/17/2018

** Signature of Reporting Person Date

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).

** 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 Number.