\Box

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

GALEN EMPLOYEE FUND III LP

(First)

C/O GALEN MANAGEMENT L.L.C.

(Middle)

(Last)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

> X 10% Owner Other (specify below)

Filing (Check Applicable

7. Nature of Indirect Beneficial Ownership (Instr. 4)

See FN⁽³⁾

11. Nature of Indirect Beneficial Ownership (Instr. 4)

	tions may contir ction 1(b).	iue. See		Fil							rities Exchan		1934			hour	s per re	esponse:	
1. Name and Address of Reporting Person* CLAUDIUS LLC				2. I:	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC [5. Relationship of (Check all applica								ip of Reporti plicable)	ing Pe	rson(s) to Is	ssuer			
CLAUDIUS LLC					ACUR]							Director				X 10% Owner			
(Last)	(Fi	rst) ((Middle)	ı											belov	er (give title w)		Other below	
C/O GALEN MANAGEMENT, L.L.C.					3. Date of Earliest Transaction (Month/Day/Year) 05/21/2013														
680 WAS	SHINGTON	BLVD.			03/														
					– 4. Ii	f Amen	idment,	, Date	of Orig	inal Fil	ed (Month/Da	ay/Year)		6. Indiv	/idual o	or Joint/Grou	ıp Filir	ng (Check A	Applica
(Street) STAMFORD CT 06901				_	Form filed by One Reporting Person X Form filed by More than One Reportin Person														
(City)	(St		(Zip)																
1 Title of 9	Security (Inst		le I - N	1		_	eemed		quire	ed, Di	sposed o					ed ount of	16.0)wnership	7. Na
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Exec if any	ecution Date,		Transaction Code (Instr. 8)				nd 5) Sec Ber Ow		rities ficially ed Following	For (D)	Form: Direct (D) or Indirect (I) (Instr. 4)			
									Code	v	Amount	(A) or (D)			Reported Transaction(s) (Instr. 3 and 4)				(Inst
Common	Common Stock 05/21/20				2013	13		S		47,410 ⁽¹⁾	D	\$2.2	2986(2)	11,	,877,035		I	See	
		Ta	able II								osed of, convertib				wned				
1. Title of	2.	3. Transaction	3A. De		4.	Jans,	_	ımber			cisable and	7. Title		-	rice of	9. Number	of	10.	11. N
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	if any	Execution Date, if any (Month/Day/Year)		action (Instr.			Expiration Date (Month/Day/Ye			Amount of Securities Underlying Derivative Security (Instr. and 4)		Derivative Security (Instr. 5)		derivative Securities Beneficially Owned Following Reported Transaction(s	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Ind Bene Own (Inst
							(Instr and 5	r. 3, 4								(Instr. 4)	(0,		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amour or Number of Shares	er					
l	nd Address of	Reporting Person*			I		1				'								1
(Last)		(First) AGEMENT, L.L	-	⁄liddle)															
680 WAS	SHINGTON	BLVD.																	
(Street) STAMF(ORD	CT	0	6901															
(City)		(State)	(Z	Zip)															
		Reporting Person*		ONAL	III L	<u>P</u>													
(Last)		(First) AGEMENT, L.L	,	⁄liddle)															
680 WAS	SHINGTON	BLVD.																	
(Street)	ORD	СТ	0	6901															
(City)		(State)	(2	Zip)															
1. Name ar	nd Address of	Reporting Person*																	

680 WASHINGT	ON BLVD.							
(Street) STAMFORD	СТ	06901						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* Galen Management, LLC								
(Last) 680 WASHINGTO	(First) ON BLVD.	(Middle)						
(Street) STAMFORD	CT	06901						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* GALEN PARTNERS III L P								
(Last)	(First)	(Middle)						
C/O GALEN MANAGEMENT, L.L.C.								
680 WASHINGTON BLVD.								
(Street)								
STAMFORD	CT	06901						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. The shares were sold as follows: 43,312 by Galen Partners III, L.P. ("Galen III"), 3,920 by Galen Partners International III, L.P. ("Galen International") and 178 by Galen Employee Fund III, L.P. ("Employee Fund").
- 2. The shares were sold at prices between \$2.25 and \$2.42. The Reporting Entities will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 3. The shares are held as follows: 10,853,395 by Galen III, 978,934 by Galen International and 44,706 by Employee Fund. Claudius, L.L.C. serves as the sole General Partner of Galen III and Galen International and has sole voting and investment control over the shares held by such funds and may be deemed to beneficially own the shares held by such funds. Galen Management, L.L.C. serves as the sole General Partner of Employee Fund and has sole voting and investment control over the shares held by Employee Fund and may be deemed to beneficially own the shares held by Employee Fund. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein, except to the extent of its respective pecuniary interest therein.

Remarks:

/s/ David W. Jahns, Member of Claudius, L.L.C.	05/23/2013
/s/ David W. Jahns, Member of Claudius L.L.C., the General Partner of Galen Partners International III, L.P.	05/23/2013
/s/ David W. Jahns, Member Galen Management, L.L.C., the General Partner of Galen Employee Fund III, L.P.	05/23/2013
/s/ David W. Jahns, Member	05/23/2013
/s/ David W. Jahns, Member of Claudius, L.L.C., the General Partner of Galen Partners III, L.P.	05/23/2013
** 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.