FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

box if no	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden er response: 0.5

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

Footnote⁽³⁾

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

Check ct to

1. Name and Address of Reporting Person*

(Last)

Care Capital Offshore Investments II LP

(Middle)

(First)

U obligat	ions may contil tion 1(b).			File							ities Exchan					hou	rs per	response:	0
1. Name and Address of Reporting Person* CARE CAPITAL II LLC (Last) (First) (Middle) 47 HULFISH STREET SUITE 310			2. IS AC	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC [ACUR] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify															
				3. Date of Earliest Transaction (Month/Day/Year) 07/15/2013									below) below) '						
(Street) PRINCE			08542		- 4. If -	Amen	ıdmer	nt, Date	of Origir	nal File	ed (Month/Da	ay/Year)		6. In Line) Forn	n filed by O n filed by M	ne Re	ing (Check eporting Per nan One Re	son
(City)	(S		(Zip)		<u> </u>			- <u>-</u>						<u> </u>					
1. Title of Security (Instr. 3)		2. Transac Date	ansaction		2A. Deemed Execution Date,		3. Transa Code (action					r 5. Amoun Securities Beneficial Owned Fo		Forr (D) (Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) (D)	or Pri	се	Reporte Transa (Instr. 3	ction(s)			(Instr. 4)	
Common	Common Stock			07/15/	2013	013			S		31,610(1)) D	\$2	2.04 ⁽²⁾	4,3	14,941	,941		See Footnote
		Ta									osed of, convertib				Owned				
Derivative Conversion Da		(Month/Day/Year) if any				5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. De Se (Ir	Price of erivative ecurity nstr. 5)	e derivative	Ownersi Form: Direct (Dor Indirect) (I) (Instr.	Ownership	Benefici Ownersh ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er					
l	nd Address of	Reporting Person*																	
(Last) 47 HULI SUITE 3	FISH STRE	(First)	(Mide	dle)															
(Street)	TON	NJ	085	42															
(City)		(State)	(Zip)																
		Reporting Person* L INVESTM		I LP															
(Last) 47 HULI SUITE 3	FISH STRE	(First) ET	(Mide	dle)															
(Street)	TON	NJ	0854	42															
(City)		(State)	(Zip)																

47 HULFISH STREET SUITE 310							
(Street) PRINCETON	NJ	08542					
(City)	(State)	(Zip)					

Explanation of Responses:

- 1. The shares were sold as follows: 29,575 by Care Capital Investments II, LP and 2,035 by Care Capital Offshore Investments II, L.P.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.08 to \$2.00, inclusive. The reporting person undertakes to provide to Acura Pharmaceuticals, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this
- 3. Consists of 4,037,938 shares held by Care Capital Investments II, LP and 277,003 shares held by Care Capital Offshore Investments II, L.P. Care Capital II, LLC is the general partner of Care Capital Investments II, LP and Care Capital Offshore Investments II, LP and as a result II, LLC has the ultimate power to vote or direct the vote and to dispose or direct the disposition of such shares. Care Capital II, LLC is managed by three or more members and accordingly none of the managing members is deemed to have voting or dispositive control over the securities.

Care Capital II, LLC /s/ David 07/17/2013 R. Ramsay Care Capital Investments II, LP, By: Care Capital II, LLC, 07/17/2013 Its General Partner /s/ David R. Ramsay Care Capital Offshore Investments II, LP, By: Care

07/17/2013 Capital II, LLC, Its General Partner /s/ David R. Ramsay

** 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.