FORM 4

1. Name and Address of Reporting Person*

(Last)

Care Capital Offshore Investments II LP

(Middle)

(First)

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	STA

ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden response: 0.5

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

Footnote⁽³⁾

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

	tions may contilection 1(b).	nue. See		Fil							ities Exchar ompany Act			34		hou	rs per	response:	0
1. Name and Address of Reporting Person* CARE CAPITAL II LLC				<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC ACUR]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last) (First) (Middle) 47 HULFISH STREET SUITE 310				3. Date of Earliest Transaction (Month/Day/Year) 03/28/2013									belo			belov			
(Street) PRINCETON NJ 08542			- 4. I -	f Ame	ndmer	it, Date	of Origin	nal File	ed (Month/D	ay/Yea)	Line	e) Forr	n filed by C n filed by M	ne Re	ing (Check eporting Per nan One Re	rson		
(City)	(S	•	(Zip)																
1. Title of S	Security (Ins		le I - N	2. Transa Date (Month/D	ction	2A. Exe	Deem ecution		3. Transa	action	4. Securiti	es Acqu	ired (A	A) or	5. Amo Securit Benefic Owned	unt of ies cially Following	Forr (D)	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A)	(A) or (D)		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock			03/28/	/2013				S		10,000(1)])	\$2.2 ⁽²⁾	9,5	86,165		I	See Footnote
		Ta	able II								osed of, convertil				Owned				
1. Title of Derivative Security (Instr. 3) Price of Derivativ Security		3. Transaction Date (Month/Day/Year)	ate Execution Execution if any	emed on Date, Transaci Code (In 8)					6. Date Exerci Expiration Da (Month/Day/Yo		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		(3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly O O O O O (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amo or Num of Sha						
	nd Address of	Reporting Person* L II LLC																	
(Last) 47 HULI SUITE 3	FISH STRE	(First) ET	(M	iddle)															
(Street)	TON	NJ	08	542															
(City)		(State)	(Zi	p)		_													
ı		Reporting Person* L INVESTM		II LP															
(Last) 47 HULI SUITE 3	FISH STRE	(First) ET	(M	iddle)															
(Street) PRINCE	TON	NJ	08	542															
(City)		(State)	(Zi	p)															

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

Explanation of Responses:

- 1. The shares were sold as follows: 9,358 by Care Capital Investments II, LP and 642 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 \$2.15 to \$2.26, 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 footnote (2) to this Form 4.
- 3. Consists of 8,970,742 shares held by Care Capital Investments II, LP and 615,423 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, Care Capital 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 LLC /s/ David R.
Ramsay

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

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

Date

** 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).
- ** 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.