FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB A	APPROVAL	
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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

Name and Address of Reporting Person* WESSON BRUCE F					2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC ACUR]								ck all applica Director			10% Ow	ner
(Last) (First) (Middle) C/O ACURA PHARMACEUTICALS, INC. 616 N. NORTH COURT, SUITE 120					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2020								below)	give title		Other (s below)	
(Street) PALATINE IL 60067 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Та	ble I - Non	-Deriva	tive S	ecuriti	es Acq	uired,	Dis	posed of	, or Ben	eficially	Owned				
Date				Date	ate Exec Month/Day/Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Beneficial Owned Fo	s Ily	Form:	Direct Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership
				v					Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and				Instr. 4)	
Common Stock 01/02				01/02/	/2020			M ⁽¹⁾		83,333	A	(2)	603,926 ⁽³⁾		D		
			Table II - I							osed of, convertib			Owned		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Cod	saction e (Instr.	Derivati Securiti Acquire Dispose	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc ion Da /Day/Y	sable and 7. Title and Am of Securities		es J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Cod	e V	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)		'	
Restricted Stock Units (2017 Plan)	(2)(4)	01/02/2020		М			83,333	(5)		(5)	Common Stock	83,333	(6)	0		D	
Restricted Stock Units (2017	(2)(4)	01/02/2020		A		54,790		(7)		(7)	Common Stock	54,790	(6)	54,79	90	D	

Explanation of Responses:

- Represents exchange of restricted stock units.
- 2. Par value of \$.01 per share must be paid by Reporting Person upon exchange of Restricted Stock Units for stock
- 3. Does not include Restricted Stock Units.
- 4. 1 for 1

5. 25% of Restricted Stock Units vested on March 31, 2019, 25% vested on June 30, 2019; 25% vested on September 30, 2019 and 25% vested on December 31, 2019. Restricted Stock Units are being exchanged on a one for one basis for common stock, in each case upon payment of par value.

7. 25% of Restricted Stock Units vest on the last day of each of March, June, September and December 2020, subject to immediate vesting in the event of a change of control and certain other events. Reporting Person may elect to exchange up to 40% of Restricted Stock Units for cash and the remaining Restricted Stock Units will be exchanged on a one for one basis for common stock, in each case upon payment of, or deduction of par value. Distributions in respect of vested Restricted Stock Units will be made on the first business day of January 2021, or earlier upon a change of control.

> 01/06/2020 /s/ Bruce Wesson ** 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.