FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
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1	hours per response:	0.5								

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

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* <u>SKELLY WILLIAM G</u>						2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O ACURA PHARMACEUTICALS, INC. 616 N. NORTH COURT					ACUR.OB] 3. Date of Earliest Transaction (Month/Day/Year) 10/30/2007										below)	give title	Filip or 4	Other (s below)		
(Street) PALATINE IL 60067				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	′						
(City)	(S	tate)	(Zip) ble I - Non-																	
1. Title of Security (Instr. 3) 2. Title of Mo					Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		e, (3. Transacti Code (Ins 8) Code V	ion str.	4. Securit Disposed Amount	ties Acqu I Of (D) (I	nstr. 3	A) or	5. Amoun Securities Beneficia Owned Fo Reported Transacti (Instr. 3 a	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Table II - D	erivativ e.g., put					,	•	,			•	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 Date if any (Month/Day/Ye	Code	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exp	Date Exer piration D pnth/Day/	ate	of Securitie		rities ing ve Sed	curity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)	
				Code	v		Date Exe	e ercisable	Ex _i	piration te	Title	or Nu	nount mber Shares		(Instr. 4)					
Director Stock Option	\$0.36	10/30/2007		М			100,000		(2)	08/	/12/2014	Commo	n 10	00,000	(3)	100,00	00	D		

Explanation of Responses:

1. 1,000,000 of such shares represent Restricted Stock Units. Restricted Stock Units represent rights to an equivalent number of shares of Common Stock of the Issuer. Upon receipt of Common Stock under the Restricted Stock Units, holders of Restricted Stock Units must pay par value (\$.01) for each share acquired. Restricted Stock Units vest as follows: 388,889 vested upon issuance and 27,777.77 (2.7778%) of such units vest on the first day of each month beginning March 1, 2006 and ending December 1, 2007. Absent a change of control, 250,000 shares of common stock will be distributed under the Restricted Stock Units (after payment of \$.01 par value per share) on January 1st of each 2011, and 2014. If a change of control occurs (whether prior to or after 2011), one share of common stock will be distributed for each outstanding Restricted Stock Unit (after payment of \$.01 per share par value) at or about the time of the change of control.

- 2. Options with respect to 150,000 underlying shares vested and became exercisable on 8/12/2004. Options with respect to 50,000 underlying shares vested and became exercisable in four equal quarterly installments commencing on November 12, 2004.
- 3. Not Applicable

Remarks:

/s/ William Skelly

10/31/2007

** 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.