FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

heck this box if no longer subject to
ection 16. Form 4 or Form 5
oligations may continue. See

Care Capital Offshore Investments II LP

(Middle)

(First)

(Last)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden response: 0.5

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

11. Nature of Indirect Beneficial Ownership

See Footnote(3)

Section 16. Form 4 or Form 5 obligations may continue. See				ed purs	pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB Number: 3235-028 Estimated average burden hours per response: 0.															
1. Name and Address of Reporting Person* CARE CAPITAL II LLC (Last) (First) (Middle) 47 HULFISH STREET SUITE 310					3. E									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title below) Other (specify below)						
(Street) PRINCETON NJ 08542 (City) (State) (Zip)				-	Line) Form file X Form file Person										n filed by n filed by son					
1. Title of Security (Instr. 3) 2. Tran				2. Transa	ction	2A. Exe	Deem cution		3. Transa	action	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)				5. Amo Securi Benefi Owned Report		unt of ies cially Following	For (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock			10/10/	10/10/2013				Code	e V	Amount 5,400 ⁽¹⁾	([A) or D	Price \$2.02	2 ⁽²⁾	(Instr. 3	4,309,541		I	See	
		Ta	able II -								osed of					wned				Footnote
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/Year)		4. Transa Code 8)	action	5. Number		6. Date Exercisab Expiration Date (Month/Day/Year)		cisable and	e and 7. Title Amou Secur Under Deriva		le and unt of rities rlying ative rity (Instr. 3		Price of rivative curity str. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4)	/e es ally ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indire Benefici Ownersh (Instr. 4)
					Code	Code V		(D)	Date Exercisable		Expiration Date	ı Title	0 0	Amount or Number of Shares						
1	nd Address of	Reporting Person*															•			'
(Last) 47 HUL SUITE 3	FISH STRE	(First)	(Mi	ddle)																
(Street)	ETON	NJ	08	542		_														
(City)		(State)	(Ziţ	p)																
		Reporting Person* L INVESTM		II LP																
(Last) 47 HUL SUITE 3	FISH STRE	(First)	(Mi	ddle)																
(Street)	ETON	NJ	08	542		- $ $														
(City)		(State)	(Ziţ	0)																
1. Name a	nd Address of	Reporting Person*																		

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

Explanation of Responses:

- 1. The shares were sold as follows: 5,053 by Care Capital Investments II, LP and 347 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 \$2.03 to \$2.01, 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 footnote.
- 3. Consists of 4,032,885 shares held by Care Capital Investments II, LP and 276,656 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 II, 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

10/15/2013

** 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.