SEC For	m 4 FORM	4	UNITED) STA	TES	s se						NGE (СОММ	SSION					
						Washington, D.C. 20549									OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).						suant	to Sectior	n 16(a	a) of the Se	curiti	es Exchan		SHIP	Estim	OMB Number: 32 Estimated average burden hours per response:		3235-0287 1 0.5		
1. Name and Address of Reporting Person* Seiser Robert A					or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol <u>ACURA PHARMACEUTICALS, INC</u> [ACUR]									eck all applic Directo Y Officer	able) r (give title	10% Own ve title Other (sp			
	JRA PHAR	(First) (Middle) A PHARMACEUTICALS, INC. TH COURT SUITE 120				3. Date of Earliest Transaction (Month/Day/Year) 08/03/2022								VP, Controller & Treasurer					
(Street) PALATINE IL 60067 (City) (State) (Zip)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(51																		
			ole I - Nor						· · ·	Dis		,		ly Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/I						ear)	if any	xecution Date,		Transaction Dispos Code (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a		5. Amou Securitie Beneficia Owned F Reported	s Form Ily (D) of ollowing (I) (In		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	^r Price	Transact (Instr. 3 a	ion(s)		ľ	insu: 4)	
Common Stock 08/03					3/202	2022		M ⁽¹⁾		24,66	6 A	(2)	378,	254 ⁽³⁾		D			
		٦	Fable II - I						uired, D , option		,			Owned			· · · · ·		
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution or Exercise (Month/Day/Year) if any		3A. Deemed Execution I if any (Month/Day	Date, T	ransaction code (Instr.)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		e	of Securi Underlyir	ig e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Unit (2017 Plan)	\$0.01 ⁽²⁾	08/03/2022			М		4,666		(5)		(5)	Common Stock	4,666	(4)	80,00	0	D		
Restricted Stock Unit (2017 Plan)	\$0.01 ⁽²⁾	08/03/2022			М		20,000		(6)		(6)	Common Stock	20,000	(4)	60,00	10	D		

Explanation of Responses:

1. Represents exchange of restricted stock units.

2. Par value of \$.01 must be paid by Reporting Person upon exchange of Restricted Stock Units for stock.

3. Does not include Restricted Stock Units.

4. Not Applicable.

5. 14,000 Restricted Stock Units were granted on December 11, 2017 and were 100% vested on December 11, 2018. Distributions in respect of this vested Restricted Stock Units will be made in three equal installments in each of 2020, 2021, and 2022 or earlier upon a qualifying change of control which also meets certain criteria of Section 409A of the Internal Revenue Code.

6. 60,000 Restricted Stock Units were granted on December 11, 2018 and were 100% vested on December 11, 2019. Distributions in respect of this vested Restricted Stock Units will be made in three equal installments in each of 2021, 2022, and 2023 or earlier upon a qualifying change of control which also meets certain criteria of Section 409A of the Internal Revenue Code.

<u>/s/ Robert A. Seiser</u>	<u>08/04/2022</u>				
** Signature of Reporting Person	Date				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.