Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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OMB APPROVAL

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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* Seiser Robert A					<u>A</u>						ICALS,	(Che	eck all applic Directo Officer	cable) or (give title	ng Person(s) to Iss 10% Ov Other (s		vner		
(Last) (First) (Middle) C/O ACURA PHARMACEUTICALS, INC. 616 N. NORTH COURT SUITE 120						Date (of Earliest 2009	Trans	action (M	onth/	Day/Year)		below)		er & '	below) Treasurer			
(Street) PALATINE IL 60067 (City) (State) (Zip)				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or	Ben	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Tran Date (Month				ction 2A. Deemed Execution Date if any (Month/Day/Ye		Date,	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Beneficia Owned F	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	[A) or D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common	Stock			04/2	4/200	9			A		24,000(1)(2)	A	(3)	189	189,000 D			
		-	Table II -								osed of, converti				Owned				
1. Title of Derivative Security (Instr. 3) Price of Derivativy Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		е	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title		Amount or Number of Shares					
Common	\$6.29	04/24/2009			A		96,000		(4)		04/23/2019	Comm	ion	96,000	(5)	96,000)	D	

Explanation of Responses:

- 1. Restricted Stock Units vest in equal monthly installments over 24 months commencing May 24, 2009. Absent a change of control, shares of common stock will be distributed under the Restricted Stock Units (after payment of \$.01 par value per share) in four equal installments on January 1st of each of 2011, 2012, 2013 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 \$0.01 per share par value) at or about the time of the change of control.
- 2. The Restricted Stock Units have no expiration date. Absent a change of control, distributions of common stock under the Restricted Stock Units will be made in 2011, 2012, 2013 and 2014.
- 3. Grant is a grant of Restricted Stock Units. Restricted Stock Units represent rights to an equivalent number of shares of Common Stock of the Issuer. Upon issuance of Common Stock under the Restricted Stock Units, holders of Restricted Stock Units must pay par value (\$.01) for each share acquired.
- 4. Option vests and is exercisable in 24 equal monthly installments on the 24th day of each calendar month beginning May 24, 2009.
- 5. Not Applicable.

Remarks:

/s/ Robert A. Seiser

04/24/2009

** 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.