SEC For	m 4 FORM	4	UNITED) STA	ATE:	S SI	ECUR	ITIE	ES ANI	DE	хсна	NGE	сомм	ISSION					
									ngton, D.C							OMB	APPRO	VAL	
Check this box if no longer subject to SECTION 16. Form 4 or Form 5 obligations may continue. See							NT OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
	tion 1(b).			Fil	ed pur or	suant Sect	to Section ion 30(h) o	n 16(a of the	a) of the Se Investmer	ecuriti nt Cor	ies Exchan npany Act	ige Act of of 1940	1934				300136.	0.0	
1. Name and Address of Reporting Person* Brzeczko Albert W (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol <u>ACURA PHARMACEUTICALS, INC</u> [ACUR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below)			vner		
C/O ACURA PHARMACEUTICALS, INC. 616 N. NORTH COURT SUITE 120					3. Date of Earliest Transaction (Month/Day/Year) 08/03/2022								VP,	Pharma	Scien	ces - APT			
(Street) PALATINE IL 60067 (City) (State) (Zip)				_ 4.1	Line) X Form Form								e) <mark>X</mark> Form f	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n					
		Tab	ole I - Nor	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or Be	eneficial	ly Owned	1				
1. Title of Security (Instr. 3) Date (Month/D							2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos Code (Instr. 5)		Disposed	ities Acquired (A) or d Of (D) (Instr. 3, 4 an		Benefici Owned F	es ally Following	Form (D) o	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	Amount (A) or (D)			ansaction(s) nstr. 3 and 4)			(Instr. 4)		
Common Stock 08/03/					3/202	/2022		M ⁽¹⁾		43,33	3 A	. (2)	412,	001(3)		D			
		-	Table II - I						uired, D s, option		,		-	Owned					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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	ole [Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Unit (2017 Plan)	\$0.01 ⁽²⁾	08/03/2022			М		9,333		(5)		(5)	Common Stock	9,333	(4)	108,0	00	D		
Restricted Stock Unit (2017 Plan)	\$0.01 ⁽²⁾	08/03/2022			М		34,000		(6)		(6)	Common Stock	34,000	(4)	74,00	00	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. 28,000 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. 102,000 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.

/s/ Albert W. Brzeczko	08/04/2022
** 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.