FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPRO	VAL
OMB Number:	3235-0287
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1. Name and Address of Reporting Person* CARE CAPITAL II LLC				<u>A</u>	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 X 10% Owner Officer (give title Other (specify							
(Last) (First) (Middle) 47 HULFISH STREET SUITE 310					3. Date of Earliest Transaction (Month/Day/Year) 05/22/2009									below) below)						
(Street) PRINCETON NJ 08542					- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Inc. Line)									Individual or Joint/Group Filing (Check Applicable ne) Form filed by One Reporting Person					
(City) (State) (Zip)												X Form filed by More than One Reporting Person								
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) Date (Month/Day/Ye					Execution Date,		3. Transaction Code (Instr. 8) Code V		4. Securitie Disposed C 5) Amount	s Acquire of (D) (Inst (A) or (D)	d (A) or tr. 3, 4 and Price	d Securities Beneficia Owned Fo Reported Transacti	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Stock			05/22/2	009				S		5,800	(D) D	\$7.5	(Instr. 3 a			I	See Foo	tnotes ⁽¹⁾⁽²⁾	
Common	Stock			05/26/2	009				S		10,000	D	\$7.38	3 10,9)23		I	See Foo	tnotes ⁽¹⁾⁽²⁾	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	Title of conversion Date Conversion or Exercise (Month/Day/Year) if any Conversion Conve			4. Transa	4. Transaction Code (Instr.		5. Number			rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. : 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	cisable	Expiration Date	n Title	Amount or Number of Shares	1						
	nd Address of	Reporting Person [*]										*		,						
(Last) 47 HUL	(Last) (First) (Middle) 47 HULFISH STREET SUITE 310																			
(Street) PRINCE	TON	NJ	0	8542																
(City)		(State)	(2	Zip)																
	1. Name and Address of Reporting Person [*] <u>CARE CAPITAL INVESTMENTS II LP</u>																			
(Last) 47 HUL	FISH STRE	(First) ET SUITE 310	()	Middle)																
(Street) PRINCE	TON	NJ	0	8542																
(City) (State) (Zip)																				
	1. Name and Address of Reporting Person [*] Care Capital Offshore Investments II LP																			
(Last) 47 HUL	FISH STRE	(First) ET SUITE 310	()	Middle)																

(Street)									
PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address	s of Reporting Person [*]								
Ramsay David	Ramsay David Russ								
-									
(Last)	(First)	(Middle)							
47 HULFISH STREET SUITE 310									
(Street)									
PRINCETON	NJ	08542							
(City)	(State)	(Zip)							

Explanation of Responses:

The reportable securities are owned directly by Care Capital Investments II, L.P. and indirectly by Care Capital II, LLC as general partner of Care Capital Investments II, L.P. Care Capital II, LLC disclaims beneficial owner of such securities and this report shall not be deemed an admission that Care Capital II, LLC is the beneficial owner of such securities in the reportable securities and this report shall not be deemed an admission that Care Capital II, LLC own. Ramsay disclaims beneficial ownership of the reportable securities are owned directly by Care Capital Offshore Investments II, L.P. Care Capital II, LLC is the beneficial owner of such securities are owned directly by Care Capital Offshore Investments II, L.P. Care Capital II, LLC as general partner of Care Capital Offshore Investments II, L.P. Care Capital II, LLC disclaims beneficial ownership of the reportable securities and this report shall not be deemed an admission that he is the beneficial owner of such securities of the capital II, LLC as general partner of Care Capital Offshore Investments II, L.P. Care Capital II, LLC disclaims beneficial ownership of the reportable securities and this report shall not be deemed an admission that Care Capital II, LLC as general partner of Care Capital Offshore Investments II, L.P. Care Capital II, LLC disclaims beneficial owner of such securities for purposes of Section 16 or for any other purpose, except to the extent of its pecuniary interest therein. David Ramsay is one of the managing members of Care Capital II, LLC. Mr. Ramsay disclaims beneficial ownership of the reportable securities and this report shall not be deemed an admission that he is the beneficial owner of such securities for purposes of Section 16 or for any other purpose, except to the extent of its pecuniary interest therein. David Ramsay is one of the managing members of Care Capital II, LLC. Mr. Ramsay disclaims beneficial ownership of the reportable securities and this report shall not be deemed an admission that he is

/s/ David R. Ramsay, Authorized Signatory

05/27/2009

** 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.