FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

					OI	Secu	011 30(11) (oi ine	iiivesiiilei	it COI	прапу Асі	01 1940									
1. Name and Address of Reporting Person* Jones Robert B					<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
			ar		- ^{AC}	ACUR]							7	Officer below)	(give title		Other (s	pecify			
(Last)	`	,	(Middle)		3. [3. Date of Earliest Transaction (Month/Day/Year)								7	President & CEO						
C/O ACURA PHARMACEUTICALS, INC.					03,	03/16/2022															
616 N. NORTH COURT SUITE 120					-	4. If Amendment, Date of Original Filed (Month/Day/Year)								-	6. Individual or Joint/Group Filing (Check Applicable						
					- 4.1	f Ame	endment, I	Date o	of Original	Filed	(Month/Da	ay/Year)		6. In		oint/Group	Filing	(Check Ap)	olicable		
(Street) PALATI	NE IL		60067											7	Form f	led by One	Repo	rting Persor	1		
PALAIII	NE IL		00007												Form filed by More than One Reporting						
(0:.)	(5		(:)		-										Persor						
(City)	(S	tate)	(Zip)																		
		Tab	le I - Nor	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed c	f, or B	ene	ficiall	y Owned						
1. Title of S	Security (Ins	tr. 3)		2. Trans	saction					3. 4. Securities Acquired (A)					5. Amou				7. Nature		
Date (Month/D				/Day/Ye	ear)	Execution Date if any (Month/Day/Yea		Transa Code (I r) 8)				ıstr. 3	3, 4 and		ally following	(D) or	r Indirect istr. 4)	of Indirect Beneficial Ownership			
									Code	v	Amount	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
		-	Table II - I	Deriva	ative	Sec	urities	Acai	uired. D	isp	osed of.	or Bei	nefi	cially	Owned	·			<u> </u>		
											onverti										
1. Title of	2.	3. Transaction	3A. Deemed	d	4.		5. Numl	ber	6. Date Ex	ercis	able and	7. Title a	nd A	mount	8. Price of	9. Number	r of	10.	11. Nature		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution I if any (Month/Day	Date,	Transa Code (8)		of		Expiration Date (Month/Day/Year)			of Secui Underlyi Derivati (Instr. 3	ities ing /e Se	curity	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
													Ai	mount							
									Date	.	Evniration		N	umber							
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of Sł	hares							
Restricted Stock Unit ⁽¹⁾	\$0.01 ⁽²⁾	03/16/2022			A		40,000		(3)		(3)	Common	40	0,000	(4)	153,66	6	D			

Explanation of Responses:

- 1. Awarded under the Acura Pharmaceuticals Inc. 2021 Restricted Stock Unit Award Plan (the "Plan").
- 2. Par value of \$.01 must be paid by Reporting Person upon exchange of Restricted Stock Units for stock.
- 3. 100% of Restricted Stock Units vest on December 31, 2022 or earlier if Reporting Person's service as an employee of Issuer is terminated by Issuer without Cause (as defined in the Plan) or due to Reporting Person's death or Disability (as defined in the Plan) or a qualifying change of control occurs. Distributions in respect of vested Restricted Stock Units will be made in three equal installments on the first business day of each of January 2024, 2025, and 2026 or earlier upon a qualifying change of control which also meets certain criteria of Section 409A of the Internal Revenue Code.
- 4. Not Applicable.

/s/ Robert B. Jones

03/16/2022

** 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.