FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CHANGES I	IN BENEFICIAL	OWNERSHIP

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OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Name and Address of Reporting Person* GCE Holdings LLC					AC	2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC [ACUR]									all app Dired		•	X 10% C	owner	
(Last) (First) (Middle) 47 HULFISH STREET SUITE 310					3. Date of Earliest Transaction (Month/Day/Year) 03/13/2012										belov	er (give title w)		below)	(specify	
(Street) PRINCE' (City)	ΓΟΝ NJ		18542 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person 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) 2. Trans Date (Month/)				execution Execution Date, if any (Month/Day/Year)		n Date,	Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secu Bend Own		ecurities eneficially		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price	•	Transa	nsaction(s) str. 3 and 4)			(11150.4)
Common Stock (03/13/2012				S		15,111 D		\$3.	39	32,763,364			D ⁽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) 2. Conversion Date Execution Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year)				Date,		nsaction de (Instr. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	nt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of	nber ires						

Explanation of Responses:

1. Galen Partners III, L.P., Galen Partners III, L.P., Galen Partners III, L.P. and Galen Employee Fund III, L.P. (collectively, "Galen"), Care Capital Investments II, LP and Care Capital Offshore Investments II, LP (collectively, "Care Capital") and Essex Woodlands Health Ventures Fund V, L.P. ("Essex") own approximately 39.8%, 30.6% and 29.6%, respectively, of the membership interests in GCE Holdings LLC.

2. The following natural persons exercise voting, investment and dispositive rights over the securities held of record by GCE Holdings LLC: (i) Galen Partners III, L.P., Galen Partners III, L.P., and Galen Employee Fund III, L.P., L. John Wilkerson, David W. Jahns, and Zubeen Shroff; (ii) Care Capital Investments II, LP and Care Capital Offshore Investments II, LP: An Leschly, Richard Markham, Argeris Karabelas and David Ramsay; and (iii) Essex Woodlands Health Ventures Fund V, L.P.: Immanuel Thangaraj, James L. Currie and Martin P. Sutter. Amounts for GCE Holdings, LLC exclude 1,786,481 shares underlying warrants, exercisable at \$3.40 per share, and also exclude any shares held directly by Galen, Care Capital or Essex.

/s/ David R. Ramsay

03/15/2012

** Signature of Reporting Person

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.