SUITE 310

NJ

1. Name and Address of Reporting Person*

(State)

Care Capital Offshore Investments II LP

(First)

08542

(Zip)

(Middle)

(Street) PRINCETON

(City)

(Last)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington, D.C. 20

|--|

OMB Number: 3235-0287

Section obligati	this box if no long 16. Form 4 or ions may contition 1(b).		STA		d pursu	ant to	Section	on 16(a) of the S	Securi	NEFICIA ities Exchangompany Act o	ge Act o			HIP	- 11		nber: d average bur response:	3235-028 den 0
	nd Address of	Reporting Person*			AC		A PI				Symbol	INC	[eck all ap Dire	plicable)		Owner (specify
(Last) 47 HULE SUITE 3	FISH STRE	•	(Middle)		02/1	18/20	14				n/Day/Year)			6.45	belo		0	belov	
(Street) PRINCE	TON N	J	08542		4.11	Amen	ament	, Date (or Origina	ai File	d (Month/Da	iy/ Year)		Line) Forr	m filed b	y One R	ling (Check eporting Per han One Re	son
(City)	(S	•	(Zip)	n-Deriv	ative	Sec	uritie		nuired		sposed o	f or F		ficiall	v Own	ed			
1. Title of S	Security (Ins		.01	2. Transac Date (Month/Da	ction	2A. Exe if ar	Deeme cution	ed Date,	3. Transa Code (1 8)	ction	4. Securitie Disposed C	s Acqui	red (A) or	5. Amo Securi Benefi Owned	ount of ities icially d Follow	Fo (D)	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature Indirect Beneficia Ownershi
									Code	v	Amount	(A) (D)	or F	Price		ted action(s) 3 and 4)			(Instr. 4)
Common	Stock			02/18/	2014				S		20,032(1) [)	\$2.04 ⁽²⁾	4,2	289,509	9	I	See footnote
		Ta	able II -								osed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	med on Date,	4. Transac Code (I 8)	ction	5. Nu	vative prities prities priced r osed)		Exercion Da	isable and	7. Title Amou Securi Under Deriva Securi and 4)	and nt of ties lying tive ty (Ins	8. Di Si	Price of erivative ecurity nstr. 5)	deriva Securi Benefi Owned Follow Repor	ities icially d ving ted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefic Owners (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					
	nd Address of	Reporting Person*																,	,
(Last) 47 HULI SUITE 3	FISH STRE 10	(First)	(Mid	ddle)															
(Street) PRINCE	TON	NJ	085	542															
(City)		(State)	(Zip))		_													
		Reporting Person* L INVESTM	ENTS	II LP															
(Last) 47 HULI	FISH STRE	(First)	(Mid	ddle)															

47 HULFISH STREET SUITE 310							
(Street) PRINCETON	NJ	08542					
(City)	(State)	(Zip)					

Explanation of Responses:

- 1. The shares were sold as follows: 18,753 by Care Capital Investments II, LP and 1,279 by Care Capital Offshore Investments II, L.P.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.05 to \$2.03, inclusive. The reporting person undertakes to provide to Acura Pharmaceuticals, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote
- 3. Consists of 4,014,132 shares held by Care Capital Investments II, LP and 275,377 shares held by Care Capital Offshore Investments II, L.P. Care Capital II, LLC is the general partner of Care Capital Investments II, LP and Care Capital Offshore Investments II, LP and as a result, Care Capital II, LLC has the ultimate power to vote or direct the vote and to dispose or direct the disposition of such shares. Care Capital II, LLC is managed by three or more members and accordingly none of the managing members is deemed to have voting or dispositive control over the securities.

Care Capital II, LLC /s/ David R. Ramsay

Care Capital Investments II, LP, By: Care Capital II, LLC, Its General Partner /s/ David R. Ramsay

Care Capital Offshore
Investments II, LP, By: Care Capital II, LLC, Its General
Partner /s/ David R. Ramsay

** 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.