SEC Form 4	
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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

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average bu	rden
hours par raspansa:	0 5

	tion 1(b).	ue. See		File								ies Exchan mpany Act			934			noui	rs per	response:	0.5
CARE CAPITAL II LLC ACU				or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC ACUR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify										
					. Date of Earliest Transaction (Month/Day/Year) 3/12/2012									belov	N)		belov	v)			
(Street) PRINCETON NJ 08542				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person								
(City)	(St	ate) (Zip)																		
			e I - No	1		e S				-	, Dis	sposed o				-					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5)			(A) oi 3, 4 a	and Securitie Beneficia		es ially Following	Forr (D) (wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(
Common Stock 03/12				/2012	2012			S		9,993 D		D	\$3	.31	0		I		See Footnote ⁽¹⁾		
		Та										osed of, onvertib					Owned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed 4 erivative Conversion Date Execution Date, Curity or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			Derivative de Security Se (Instr. 5) Be 3 For 7 For 7 Tr		derivative Securities Beneficial Owned Following Reported	Securities Beneficially Owned Following Reported Transaction(s)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	. ((A)		Date Exercisa	able	Expiration Date	Tì	or NL of	ımber						
	nd Address of CAPITAI	Reporting Person [*] _ <u>II LLC</u>																			
(Last) 47 HULF SUITE 3	ISH STRE	(First) ET	(Mid	ldle)																	
(Street) PRINCE	TON	NJ	085	542																	
(City)		(State)	(Zip))																	
1. Name and Address of Reporting Person [*] <u>CARE CAPITAL INVESTMENTS II LP</u>																					
(Last) 47 HULF	FISH STRE	(First) ET	(Mid	ldle)																	

47 HULFISH STREET

SUITE 310		
(Street) PRINCETON	NJ	08542
(City)	(State)	(Zip)

Explanation of Responses:

1. Consists of 9,352 shares held by Care Capital Investments II, LP and 641 shares held by Care Capital Offshore Investments II, L.P. These shares reflect stock previously acquired through the exercise of warrants. The voting and disposition of the shares held by Care Capital Investments II, L.P. and Care Capital Offshore Investments II, L.P. is determined by the following managing members of their general partner, Care Capital II, LLC, each of whom disclaims beneficial ownership of such shares except to the extent of his pecuniary interest therein: Jan Leschly, Argeris N. Karabelas, Ph.D., David R. Ramsay and Richard Markham.

 Care Capital Investments II,
 03/14/2012

 LP, By: Care Capital II, LLC,
 03/14/2012

 Its General Partner /s/ David R,
 03/14/2012

 Ramsay
 03/14/2012

 Care Capital Offshore
 03/14/2012

 Investments II, LP, By: Care
 03/14/2012

 Capital II, LLC, Its General
 03/14/2012

 Partner /s/ David R, Ramsay
 03/14/2012

 ** 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.