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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* THANGARAJ IMMANUEL (Last) (First) (Middle) 10001 WOODLOCH FOREST DRIVE SUITE 175						2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC [ACUR] 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2019								Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner Officer (give title below) Other (specify below)				- 1	
(Street) THE WOODI	THE TX 77380 WOODLANDS				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Ta	ble I - No	n-Deriv	vativ	ve Se	ecuritie	es Aca	uired	. Dis	posed of	or Ben	eficially	/ Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					action	n i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction		4. Securities Disposed O 5)	Acquired ((A) or	5. Amount of Securities Beneficially Owned Foll	, F	i. Ownership Form: Direct D) or Indirect I) (Instr. 4)	Indirec Benefic Owners	neficial nership	
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and	n(s) i 4)		(Instr. 4	4)	
Common Stock 01/02/2					2/201	2019			M ⁽¹⁾		66,666	A	(2)	126,192 ⁽³⁾		D)		
Common Stock														1,956,396		I ⁽⁸⁾ He		ssex dlands th ure V,	
			Table II -								osed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution or Exercise (Month/Day/Year) if any		d 4. Date, Transac Code (I		ction	5. Number of Derivative		•	Exerc	cisable and			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	Owner Form Direct or Inc. (I) (In Inc.)	rship of Be t (D) Ov irect (Ir	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				С	Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	on(s)			
Restricted Stock Units (2017 Plan)	(2)(4)	01/02/2019			М			66,666	(5))	(5)	Common Stock	66,666	(6)	0	1)		
Restricted Stock Units (2017 Plan)	(2)(4)	01/02/2019			A		83,333		(7) (7)		Common Stock	83,333	(6) 83,3		3 I)			

Explanation of Responses:

- 1. Represents exchange of restricted stock units.
- 2. Par value of \$.01 per share must be paid by Reporting Person upon exchange of Restricted Stock Units for stock
- 3. Does not include Restricted Stock Units.
- 4. 1 for 1

5. 25% of Restricted Stock Units vested on March 31, 2018, 25% vested on June 30, 2018; 25% vested on September 30, 2018 and 25% vested on December 31, 2018. Restricted Stock Units are being exchanged on a one for one basis for common stock, in each case upon payment of par value.

6. N/A

7. 25% of Restricted Stock Units vest on the last day of each of March, June, September and December 2019, subject to immediate vesting in the event of a change of control and certain other events. Reporting Person may elect to exchange up to 40% of Restricted Stock Units for cash and the remaining Restricted Stock Units will be exchanged on a one for one basis for common stock, in each case upon payment of, or deduction of par value. Distributions in respect of vested Restricted Stock Units will be made on the first business day of January 2020, or earlier upon a change of control.

8. The reporting person is a managing director of the general partner of Essex Woodlands Health Ventures Fund V, L.P. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein

/s/ Bruce Wesson

01/08/2019

** 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.