FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPI	ROVAL						
	OMB Number:	3235-0287						
	Estimated average burden							
1	hours per response:	0.5						

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

1. Name and Address of Reporting Person*  Seiser Robert A  (Last) (First) (Middle)  C/O ACURA PHARMACEUTICALS, INC. 616 N. NORTH COURT SUITE 120  (Street)  PALATINE IL 60067					2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC [ ACUR ]  3. Date of Earliest Transaction (Month/Day/Year) 12/11/2018  4. If Amendment, Date of Original Filed (Month/Day/Year)						6. In Line	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
(City)	(S		(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,		Code (Instr.   5)			5. Amour Securitie Beneficia Owned F Reported	es Form ally (D) o Following (I) (In		Direct II Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code V	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			(11301.4)			
	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 or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Cod	saction e (Instr.	n of l		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Restricted Stock Unit <sup>(1)</sup>	\$0.01 <sup>(2)</sup>	12/11/2018		A		60,000		(3)	(3)	Common Stock	60,000	(4)	60,000		D		
Stock Option <sup>(5)</sup>	\$0.151 <sup>(6)</sup>	12/11/2018		A		20,000		12/11/2019 <sup>(7)</sup>	12/11/2023	Common Stock	20,000	(4)	20,000		D		

## **Explanation of Responses:**

- 1. Awarded under the Acura Pharmaceuticals Inc. 2017 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 11, 2019 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 2021, 2022, and 2023 or earlier upon a qualifying change of control which also meets certain criteria of Section 409A of the Internal Revenue Code.
- 4. Not Applicable.
- $5.\ Awarded\ under\ the\ Acura\ Pharmaceuticals\ Inc.\ 2016\ Stock\ Option\ Plan.$
- ${\it 6. Exercise price is closing price of Issuer's common stock on December 11, 2018.}$
- 7. Option vesting and exercisability is accelerated upon a qualifying change of control.

<u>/s/ Robert A. Seiser</u> <u>12/17/2018</u>

\*\* 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).
- $^{\star\star} \ \text{Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C.\ 1001\ \text{and } 15\ \text{U.S.C.}\ 78 \text{ff(a)}.$

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$