ACURA PHARMACEUTICALS, INC

Form 4 July 05, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

0.5

OMB APPROVAL

Section 16.
Form 4 or
Form 5
obligations
may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response...

Estimated average

See Instruction 1(b).

(Print or Type Responses)

(Print or Type I	Responses)											
1. Name and Address of Reporting Person * THANGARAJ IMMANUEL			2. Issuer Name and Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC [ACUR.OB]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 10001 WOO DRIVE, SU	(First) ODLOCH FORI	(Middle) EST	3. Date of Earliest Transaction (Month/Day/Year) 06/30/2005					_X_ Director Officer (gibelow)				
THE WOO!	4. If Amendment, Date 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						
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Ac	quired, Disposed	of, or Benefic	cially Owned		
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution str. 3) any		ned n Date, if Day/Year)	Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	curities Ownership Indirect eneficially Form: Beneficial wned Direct (D) Ownership ellowing or Indirect (Instr. 4) eported (I) ansaction(s) (Instr. 4)			
Common Stock	06/30/2005			<u>J(1)</u>	72,293	A	\$ 0.63	426,745	I	By Essex Woodlands Health Ventures Fund V, L.P.		
Reminder: Rep	oort on a separate li	ne for each c	lass of secu	ırities benet	•		•	<u>*</u>				
					Perso	ns wł	no resp	ond to the coll	ection of	SEC 1474		

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 control

(9-02)

Edgar Filing: ACURA PHARMACEUTICALS, INC - Form 4

number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date		Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	T:41-	or Namel		
						Exercisable	Date	Title Number			
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

THANGARAJ IMMANUEL 10001 WOODLOCH FOREST DRIVE SUITE 175 THE WOODLANDS, TX 77380



Signatures

/s/ Immanuel
Thangaraj
07/01/2005

**Signature of Reporting Date

Explanation of Responses:

- * 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).
- (1) The Common Stock was issued as a quarterly interest payment on a senior secured note.
- (2) The reporting person is a managing director of the general partner of the partnership that owns the reported securities. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2