## Edgar Filing: Seiser Robert A - Form 4

Seiser Robert Form 4 December 15											
FORM	Л	D STATES	SECUR	TTIES A	ND EXCI	HAN	GE C	OMMISSION		PPROVAL	
		DIAIL			D.C. 2054		UL C		OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or	6.									Expires:January 31 2005Estimated average burden hours per response0.5	
Form 5 obligatior may conti <i>See</i> Instru 1(b).	<sup>18</sup> Section 1 <sup>1</sup> action	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									
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> Seiser Robert A			2. Issuer Name <b>and</b> Ticker or Trading Symbol ACURA PHARMACEUTICALS, INC [ACUR]					5. Relationship of Reporting Person(s) to Issuer			
	(Check all applicable)										
	<sup>(First)</sup> A EUTICALS, II COURT SUIT		3. Date of (Month/D 12/14/20		ansaction			Director X Officer (give below) VP, Cont			
	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					
PALATINE	, IL 60067							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative Se	curiti	es Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executio any		3. Transactio Code (Instr. 8) Code V	4. Securitie n(A) or Disp (Instr. 3, 4 a Amount	osed o	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	12/14/2017			P <u>(1)</u>	300,000	A	\$ 0.1	322,490	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Seiser Robert A C/O ACURA PHARMACE 616 N. NORTH COURT SU PALATINE, IL 60067			VP, Controller & Treasurer					
Signatures								
/s/ Robert Seiser	12/14/2017							

<u>\*\*</u>Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Reporting Person is among buyers of shares in a private transaction pursuant to a stock purchase agreement entered into with Galen(1) Partners III, LP, Galen Employee Fund III, LP and Galen Partners International III, LP in connection with their disposition of substantially all of their shares of Issuer.

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.