UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS—EASTERN DIVISION

IN RE ACURA PHARMACEUTICALS, INC. SECURITIES LITIGATION	Case No. 10-CV-5757
	PROOF OF CLAIM AND RELEASE

Deadline for Submission: March 19, 2012

If you purchased or otherwise acquired the publicly-traded securities of Acura Pharmaceuticals, Inc. ("Acura Pharmaceuticals") (trading symbol NASDAQ: ACUR) between February 21, 2006 and April 22, 2010, inclusive, you could get a payment from a class action Settlement.

IF YOU ARE A CLASS MEMBER, YOU MUST COMPLETE AND SUBMIT THIS FORM IN ORDER TO BE ELIGIBLE FOR ANY SETTLEMENT BENEFITS.

YOU MUST COMPLETE AND SIGN THIS PROOF OF CLAIM AND RELEASE ("PROOF OF CLAIM") AND MAIL IT BY FIRST CLASS MAIL, POSTMARKED NO LATER THAN MARCH 19, 2012 TO THE FOLLOWING ADDRESS:

In re Acura Pharmaceuticals, Inc. Securities Litigation
Claims Administrator
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 3
Media, PA 19063
Phone: (866) 274-4004
Fax: (610) 565-7985

YOUR FAILURE TO SUBMIT YOUR CLAIM BY MARCH 19, 2012, WILL SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOUR RECEIVING ANY MONEY IN CONNECTION WITH THE SETTLEMENT OF THIS ACTION. DO NOT MAIL OR DELIVER YOUR CLAIM TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL AS ANY SUCH CLAIM WILL BE DEEMED NOT TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE CLAIMS ADMINISTRATOR.

CLAIMANT'S STATEMENT

1. I (we) purchased securities in Acura Pharmaceuticals and was (were) damaged thereby. (Do not submit this Proof of Claim if you did not purchase Acura Pharmaceuticals securities during the designated Class Period).
2. By submitting this Proof of Claim, I (we) state that I (we) believe in good faith that I am (we are) a Class Member as defined above and in the Notice of Pendency of Class Action and Proposed Settlement with all Defendants, Motion for Attorneys' Fees and Settlement Fairness Hearing (the "Notice"), or am (are) acting for such person(s); that I am (we are) not a Defendant in the Actions or anyone excluded from the Class; that I (we) have read and understand the Notice; that I (we) believe that I am (we are) entitled to receive a share of the Net Settlement Fund, as defined in the Notice; that I (we) elect to participate in the proposed Settlement described in the Notice; and that I (we) have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member [e.g., as an executor, administrator, trustee, or other representative], you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
3. I (we) consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I (we) understand and agree that my (our) claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my (our) status as a Class Member(s) and the validity and amount of my (our) claim. No discovery shall be allowed on the merits of the Litigation or Settlement in connection with processing of the Proof of Claim.
4. I (we) have set forth where requested below all relevant information with respect to each purchase of Acura Pharmaceuticals common stock or call options during the Class Period, and each sale, if any, of common stock or put options. I (we) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so.
5. I (we) have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, or other documents evidencing each purchase, sale or retention of Acura Pharmaceuticals common stock listed below in support of my (our) claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)
6. I (we) understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I (we) agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your recognized claim. In some cases, the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives securities such as options.)
7. Upon the occurrence of the Effective Date, as defined in the Notice, I (we) agree and acknowledge that my (our) signature(s) hereto shall effect and constitute a full and complete release, remise and discharge by me (us) and my (our) heirs, joint tenants, tenants in common, beneficiaries, executors, administrators, predecessors, successors, attorneys, insurers and assigns (or, if I am (we are) submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Parties", as defined in the Notice.
8. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All Claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-866-274-4004 or visit their website at www.strategicclaims.net to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

PART I—CLAIMANT INFORMATION

Name

Claimant Name line 2 (if applicable)

Contact Person (if claimant is not an individual)

Account Number (not required)

Address Line 1

Address Line 2 (if applicable)

City: State: Zip Code: –

Foreign Province and Postal Code: Foreign Country:

Area Code Telephone Number (Day) – Area Code Telephone Number (Night) – Area Code Facsimile Number –

Email Address *(Email Address is not required, but if you provide it, you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)*

Specify one of the following:

☐ Individual ☐ Corporation ☐ UGMA Custodian ☐ IRA ☐ Partnership ☐ Estate ☐ Trust ☐ Partnership

☐ Other: _____

Enter Taxpayer Identification Number below for the Beneficial Owner(s) :

Social Security Number (for individuals) – –

or

Taxpayer Identification Number (for estates, trusts, corporations, etc.) –

PART II—TRANSACTIONS IN COMMON STOCK OF ACURA PHARMACEUTICALS

Beginning Holdings:

A. State the total number of shares of ACURA PHARMACEUTICALS common stock owned at the close of trading on February 20, 2006, long or short (*must be documented).*

Purchases:

B. Separately list each and every publicly-traded purchase of ACURA PHARMACEUTICALS common stock during the period from February 21, 2006 and April 22, 2010, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month / Day / Year)	Number of Shares Purchased	Price Per Share	Total Cost (Excluding Commissions, Taxes, and Fees)
/ /		$.	$.
/ /		$.	$.
/ /		$.	$.
/ /		$.	$.

Sales:

C. Separately list each and every sale of ACURA PHARMACEUTICALS common stock during the period February 21, 2006 and April 22, 2010, inclusive, and provide the following information (*must be documented*):

Trade Date (List Chronologically) (Month / Day / Year)	Number of Shares Sold	Price Per Share	Amount Received (Excluding Commissions, Taxes, and Fees)
/ /		$.	$.
/ /		$.	$.
/ /		$.	$.
/ /		$.	$.

Ending Holdings:

D. State the total number of shares of ACURA PHARMACEUTICALS common stock owned at the close of trading on April 22, 2010, long or short (*must be documented).*

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.

PART III—TRANSACTIONS IN CALL OPTIONS OF ACURA PHARMACEUTICALS STOCK

Beginning Position:

A. At the close of business on February 20, 2006, I owned the following call options on ACURA PHARMACEUTICALS (*all opening and closing option transactions must be documented):*

Date of Purchase (List Chronologically (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e., Nov. 2007/$20)	Purchase Price Per Contract	Amount Paid (excluding commissions, taxes, and fees)	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)

Purchases:

B. Separately list each and every publicly-traded purchase of call options on ACURA PHARMACEUTICALS common stock during the period from February 21, 2006 and April 22, 2010, inclusive, and provide the following information (*all opening and closing option transactions must be documented):*

Date of Purchase (List Chronologically (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e., Nov. 2007/$20)	Purchase Price Per Contract	Amount Paid (excluding commissions, taxes, and fees)	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)

Sales:

C. Separately list each and every sale of call options on ACURA PHARMACEUTICALS common stock during the period February 21, 2006 and April 22, 2010, inclusive,(include all such sales no matter when they occurred) and provide the following information (*all opening and closing option transactions must be documented*):

Date of Sale (List Chronologically (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e., Nov. 2007/$20)	Sale Price Per Contract	Amount Received (excluding commissions, taxes, and fees)	Insert an "E" if Exercised or an "X" if Expired	Exercise Date (Month/Day/Year)

Unexercised Call Options:

D. State the number of call options on ACURA PHARMACEUTICALS common stock the Claimant purchased but that had not been exercised at the Close of trading on April 22, 2010 (*Must be documented. If none, write "0" or zero.).*

PART IV—TRANSACTIONS IN PUT OPTIONS OF ACURA PHARMACEUTICALS STOCK

Beginning Position:

A. At the close of business on February 20, 2006, I was obligated on the following put options on ACURA PHARMACEUTICALS (*all opening and closing option transactions must be documented):*

Date of Writing (Sale) (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e., Nov. 2007/$20)	Sale Price Per Contract	Amount Received (excluding commissions, taxes, and fees)	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)

Sales (Writing) of Put Options:

B. Separately list each and every written put options on ACURA PHARMACEUTICALS common stock during the period from February 21, 2006 and April 22, 2010, inclusive, and provide the following information (*all opening and closing option transactions must be documented):*

Date of Writing (Sale) (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e., Nov. 2007/$20)	Sale Price Per Contract	Amount Received (excluding commissions, taxes, and fees)	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)

Covering Transactions:

C. Separately list each and every repurchase of put options on ACURA PHARMACEUTICALS common stock written (sold) during the period February 21, 2006 and April 22, 2010, inclusive (include all repurchases no matter when they occurred), and provide the following information (*all opening and closing option transactions must be documented*):

Date of Purchase (List Chronologically) (Month/Day/Year)	Number of Contracts	Expiration Month and Year & Strike Price of Options (i.e., Nov. 2007/$20)	Price Paid Per Contract	Amount Paid (excluding commissions, taxes, and fees)	Insert an "A" if Assigned or an "X" if Expired	Assign Date (Month/Day/Year)

Unexercised Put Options:

D. State the number of put options on ACURA PHARMACEUTICALS common stock the Claimant sold but that had not been assigned at the Close of trading on April 22, 2010 (*Must be documented. If none, write "0" or zero.).*

If additional space is needed, attach separate, numbered sheets, giving all required information, substantially in the same format, and print your name and Social Security or Taxpayer Identification number at the top of each sheet.

Substitute Form W-9

Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

Social Security Number (for individuals) ☐☐☐–☐☐–☐☐☐☐

or

Taxpayer Identification Number (for estates, trusts, corporations, etc.) ☐☐–☐☐☐☐☐☐☐

Certification

I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am (We are) exempt from backup withholding, or (b) I (We) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM AND RELEASE FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign)

_____

(Signature)

_____

(Signature)

_____

(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)
(See Item 2 on Page 9 for instructions)

Date: _____

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN MARCH 19, 2012, AND MUST BE MAILED TO:

In re Acura Pharmaceuticals, Inc. Securities Litigation
Claims Administrator
c/o Strategic Claims Services
P.O. Box 230
600 N. Jackson Street, Suite 3
Media, PA 19063

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by March 19, 2012, and if a postmark is indicated on the envelope and it is mailed first class and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

REMINDER CHECKLIST

- Please be sure to sign this Proof of Claim. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
- Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- Do NOT use highlighter on the Proof of Claim or any supporting documents.
- If you move after submitting this Proof of Claim, please notify the Claims Administrator of the change in your address.