FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| 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* Rodriguez Susan (Last) (First) (Middle) 4242 CAMPUS POINT COURT SUITE 200 | | | | | HI HF | 2. Issuer Name and Ticker or Trading Symbol HERON THERAPEUTICS, INC. /DE/ [HRTX] 3. Date of Earliest Transaction (Month/Day/Year) 12/22/2021 | | | | | | | | ck all applic Directo | tionship of Reporting Pe all applicable) Director Officer (give title below) | | son(s) to Iss 10% Ov Other (s below) | vner | |
|---|--|--|--|----------|-------------------------------|---|-----------|--------|--|--------|--|-------------------------------------|------------|---|---|------------|---|---|-----------|
| (Street) SAN DIEGO CA 92121 (City) (State) (Zip) | | | | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefic | | | | | | | Line) X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 1. Title of S | Security (Ins | | | 2. Trans | | | 2A. Deeme | ed | 3. | | 4. Securit | ies Acquir | ed (A) | or | 5. Amou | nt of | | | 7. Nature |
| Date (Month/Da | | | | | /Day/Ye | execution Date if any (Month/Day/Yea | | , | Code (Instr. 5) | | l Of (D) (Ins | (D) (Instr. 3, 4 and | | Securitie Beneficia Owned F | lly (D) o | | r Indirect istr. 4) | of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | (A) or (D) Pi | | rice | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | | | |
| Common Stock 12/22/2 | | | | | | '2021 | | A | | 10,452 | 10,452 ⁽¹⁾ A | | \$0.00 | 16, | .6,702 | | D | | |
| | 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 Dat if any (Month/Day/Ye | Date, | 4. Transa Code (l 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun of Securities Underlying Derivative Security (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 t (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or | ount nber ires | | | | | |
| Stock Option (Right to Buy) | \$9.81 | 12/22/2021 | | | A | | 20,903 | | (2) | | 12/22/2031 | Common Stock | 20, | 903 | \$0.00 | 20,903 | 3 | D | |

Explanation of Responses:

- 1. The shares were granted as restricted stock units which vest in full on December 22, 2022.
- 2. The stock options vest and become exercisable in 12 equal monthly installments beginning one month after the date of grant.

Remarks:

/s/ Lisa Peraza Attorney-in-fact for Susan Rodriguez

12/23/2021

** 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).
- ** 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.