FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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* HOFFMAN ROBERT (Last) (First) (Middle) 4242 CAMPUS POINT COURT SUITE 200				- HI	Issuer Name and Ticker or Trading Symbol HERON THERAPEUTICS, INC. /DE/ [HRTX] 3. Date of Earliest Transaction (Month/Day/Year) 07/02/2018									all applic Directo Officer below)	cable) or (give title		rson(s) to Issuer 10% Owner Other (specify below) Finance			
(Street) SAN DII	EGO C.		92121 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indiv ine) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y					tion	n 2A. Deemed Execution Date,		3. Transa Code (ction	4. Securities Disposed Of	(A) or		5. Amou Securition Benefici Owned I	int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)				
Common	Stock			04/30/2	2018			J ⁽¹⁾	v	744	A	\$13.2	175	1,	280		D			
Common	Stock			07/02/2	2018				M ⁽²⁾		30,000	A	\$15.	3	31,280			D		
Common	Stock			07/02/2	2018				S ⁽²⁾		28,940	D	\$38.15	16 ⁽³⁾) 2,340 D			D		
Common	Stock			07/02/2	2018				S ⁽²⁾		1,060	D	\$38.79	53 ⁽⁴⁾	1,280 D			D		
		-	Table								posed of, , convertil				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ion Date,	4. Transa Code (8)				Expira	te Exer ation D th/Day/		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		y (li	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly [10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Number of Shares	er						
Employee Stock Option (Right to	\$15.3	07/02/2018			M ⁽²⁾			30,000	(5)	04/24/2027	Commo	30,00	0	\$0.00	100,00	0	D		

Explanation of Responses:

- 1. Represents shares acquired under the Heron Therapeutics, Inc. 1997 Employee Stock Purchase Plan on April 30, 2018.
- 2. The stock option exercise and sale of common stock reported in this Form 4 was effected pursuant to a Rule 10b5-1 plan dated as of May 30, 2018.
- 3. The range of sales prices received was \$37.60 to \$38.60. Upon request by the SEC staff, the issuer, or any security holder of the issuer, full information will be provided regarding the number of shares purchased or sold at each separate price.
- 4. The range of sales prices received was \$38.625 to \$38.85. Upon request by the SEC staff, the issuer, or any security holder of the issuer, full information will be provided regarding the number of shares purchased or sold at each separate price.
- 5. Options vest and become exercisable with respect to 32,500 shares on the first anniversary of his first day of employment (the "Grant Date"), followed by 97,500 shares vesting ratably each month over the subsequent three years, such that 130,000 options will be fully vested on the four year anniversary of the Grant Date.

Remarks:

Buy)

/s/ Robert E. Hoffman

07/03/2018

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

** Signature of Reporting Person

Date

- * 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.