FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| <b>STATEMENT</b> | OF CHANGES | IN BENEFICIA | AL OWNERSHI |
|------------------|------------|--------------|-------------|

|                      | OMB APP                  | ROVAL     |  |  |  |  |
|----------------------|--------------------------|-----------|--|--|--|--|
| IAL OWNERSHIP        | OMB Number:              | 3235-0287 |  |  |  |  |
| i, le o mile loi iii | 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

| Name and Address of Reporting Person*     MANHARD KIMBERLY   |   |                    |                              |                               | HH   | 2. Issuer Name and Ticker or Trading Symbol HERON THERAPEUTICS, INC. /DE/ [ HRTX ] |   |  |   |                   |   |                         |  |               | (Ch   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |  |   |   |   |
|--|---|--------------------|------------------------------|-------------------------------|--|--|---|--|---|-------------------|---|-------------------------|--|---------------|---|---|--|---|---|---|
| (Last)<br>4242 CA<br>SUITE 2   | MPUS PO   | irst)<br>INT COURT | (Middle)                     |                               |  | 3. Date of Earliest Transaction (Month/Day/Year) 01/13/2021                        |   |  |   |                   |   |                         |  |               | X Officer (give title Other (specify below)  EVP, Drug Development  |   |  |   |   |   |
| (Street) SAN DII   |   |                    | 92121<br>(Zip)               |                               | 4. If  |  |   |  |   |                   |   |                         |  | Line          | dividual or Joint/Group Filing (Check Applicable )  K Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |   |   |   |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |                    |                              |                               |  |  |   |  |   |                   |   |                         |  |               |   |   |  |   |   |   |
| Date   |   |                    |                              | 2. Transa<br>Date<br>(Month/D | Day/Year) if   |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  | , | Transaction Dispo |   |                         | Securities Acquired (A)<br>posed Of (D) (Instr. 3, 4 |               |   |   |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |                    |                              |                               |  |  |   |  | - | Code              | V | Amount                  |  | (A) or<br>(D) | Price   | Trans   | ction(s)<br>B and 4)   |   |   | (111311. 4)   |
| Common Stock   |   |                    |                              | 01/13                         | /2021  |  |   |  | 7 | M                 |   | 1,250                   |  | A             | (1)   |   | 1,250  |   | D |   |
| Common Stock 0:  |   |                    | 01/13                        | /2021                         |  |  |   | F  |   | 433 D             |   | <b>D</b> <sup>(2)</sup> | \$18.1   | .6 817        |   |   | D  |   |   |   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |                    |                              |                               |  |  |   |  |   |                   |   |                         |  |               |   |   |  |   |   |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | ivative urity Conversion or Exercise ptr. 3)  Date (Month/Day/Year) Perivative Security  Date (Month/Day/Year) Fixed any (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Execution Date, if any (Month/Day/Year) |                    | 4.<br>Transa<br>Code (<br>8) |                               | n of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | Ex<br>(Me   | 5. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date |   | or<br>Num<br>of   |   | amount<br>r             | 8. Price of Derivative Security (Instr. 5)           |               | e<br>S<br>Illy  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4)                      | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |   |   |

(3)

## **Explanation of Responses:**

1. Restricted stock units convert into common stock on a one-for-one basis.

01/13/2021

2. Represents the withholding by the Company of certain of the vested shares of restricted stock to satisfy the minimum statutory tax obligations applicable to such transactions.

1.250

 $3. \ The \ restricted \ stock \ units \ vest \ in \ 16 \ equal \ quarterly \ installments \ beginning \ three \ months \ after \ the \ date \ of \ grant \ (10/13/2020).$ 

## Remarks:

Restricted

Stock

/s/ Lisa Peraza Attorney-in-fact for Kimberly Manhard

1.250

\$0.00

Common

(3)

\*\* Signature of Reporting Person

18,750

D

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.