FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | ONB APPROVAL | | | | | | | | | |
|-----|-----------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average bur | den | | | | | | | | |
| - 1 | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| MANH (Last) | (F MPUS PO | Reporting Person* MBERLY irst) INT COURT | (Middle) | | HI HR 3. C | 2. Issuer Name and Ticker or Trading Symbol HERON THERAPEUTICS, INC. /DE/ [HRTX] 3. Date of Earliest Transaction (Month/Day/Year) 07/13/2021 | | | | | | | | | ck all applic Directo Officer below) | or (give title | Š | 10% Ov Other (s below) | vner |
|--|---|--|--|-----------------|------------------|---|-----|--------|------------------------------|---|--------------------|-----------------|-------------------------------|----------------|--|---|----|--|---|
| (Street) SAN DII | EGO C. | | 92121 (Zip) | | - 4. If | Line) X Form filed | | | | | | | | | iled by One | oint/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | Transaction Dispo | | | ties Acquir I Of (D) (In: | | | Benefici | es ally Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pr | ice | Transac (Instr. 3 | tion(s) | | | (50. 4) |
| Common Stock 07/13 | | | | 3/2021 | | | | М | | 1,250 |) A | | (1) | 2, | 884 | | D | | |
| Common Stock 07/13/2 | | | | 3/2021 | 2021 | | F | | 433 D ⁽²⁾ | |) \$ | 13.48 | 2,451 | | | 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. Deem Execution if any (Month/Da | n Date, | | ransaction Code (Instr. | | n of E | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | Amount of | | | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Sha | ber | | | | | |
| Restricted Stock Units | (1) | 07/13/2021 | | | M | | | 1,250 | (3) | | (3) | Common Stock | 1,2 | 50 | \$0.00 | 16,250 | | D | |

Explanation of Responses:

- 1. Restricted stock units convert into common stock on a one-for-one basis.
- 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.
- $3. \ The \ restricted \ stock \ units \ vest \ in \ 16 \ equal \ quarterly \ installments \ beginning \ three \ months \ after \ the \ date \ of \ grant \ (10/13/2020).$

Remarks:

/s/ Lisa Peraza Attorney-in-fact

** 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.