FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 32350104

Estimated average burden
hours per
response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

	or Section	on 30(h) o	of the	e Investment Company Act	of 1940					
Name and Address of Reporting Person*     Rubric Capital Management	2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name <b>and</b> Ticker or Trading Symbol HERON THERAPEUTICS, INC. /DE/ [ HRTX ]							
LP	07/21/202	3		4. Relationship of Reporting Issuer (Check all applicable)	) Person(	s) to		f Amendment, ed (Month/Day/	Date of Original 'Year)	
(Last) (First) (Middle)				Director X	10%	Owner				
155 EAST 44TH ST., SUITE 1630	-			Officer (give title below)	Other below	(specify )				
(Street) NEW YORK NY 10017	-							eck Applicable Form filed Person	by One Reporting	
(City) (State) (Zip)							X	Reporting	by More than One Person	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				Amount of Securities eneficially Owned (Instr.	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, par value \$0.01 per share <sup>(1)</sup>				26,713,503		I	See	Footnotes <sup>(1)(</sup>	2)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable at Expiration Date (Month/Day/Year)		nd	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  4. Conve or Exe		rcise	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.			
	Date Exercisable	Expirati Date	on	Title	Amoun or Number of Shares	Deriva Securi	tive	or Indirect (I) (Instr. 5)	5)	
Name and Address of Reporting Person*	<u> </u>							<u> </u>		
Rubric Capital Management LI		_								
(Last) (First) (Mi	ddle)									
155 EAST 44TH ST., SUITE 1630										
(Street)										
NEW YORK NY 10	017	_								
(City) (State) (Zip	))									
1. Name and Address of Reporting Person* <u>Rosen David Efraim</u>										
(Last) (First) (Middle) 155 EAST 44TH ST., SUITE 1630										
		_								
(Street) NEW YORK NY 10	017	_								

## **Explanation of Responses:**

(State)

(Zip)

(City)

ownership of the securities reported herein except to the extent of his or its pecuniary interest therein.

2. Securities held by the Rubric Funds. As the investment adviser to the Rubric Funds, Rubric Capital may be deemed to beneficially own the securities held by the Rubric Funds. As the Managing Member of Rubric Capital Management GP LLC, the general partner of Rubric Capital, Mr. Rosen may be deemed to beneficially own the securities held by the Rubric Funds.

Rubric Capital
Management LP, By:
Rubric Capital

Management GP LLC, its 07/25/2023

general partner, By: /s/ David Rosen, managing

<u>member</u>

<u>/s/ David Rosen</u> <u>07/25/2023</u>

\*\* 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 5 (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.