FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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STATEMENT	OF	CHANGES	IN BEI	NEFICIAL	OWNERSH	ΙP
	v.			TEI IOIAE	CIVILLICII	••

OMB APPI	ROVAL							
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* POYHONEN JOHN				H	2. Issuer Name and Ticker or Trading Symbol HERON THERAPEUTICS, INC. /DE/ [HRTX]										neck all appl Direct	or r (give title		son(s) to Iss 10% Ov Other (s below)	vner		
(Last) (First) (Middle) 4242 CAMPUS POINT COURT SUITE 200					01/	3. Date of Earliest Transaction (Month/Day/Year) 01/13/2022										President & CCO					
(Street) SAN DII		tate) (92121 (Zip)		-	4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	Individual or Joint/Group Filing (Check Applicable ne) X 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. Transac Date (Month/Date)				action	Execution Date,			,	3. 4. Transaction Di Code (Instr. 5)		4. Securities Acquired (A)			d (A) or	5. Amo Securit Benefic Owned	unt of ies ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								,		Code	v	Amount		(A) or (D)	Price	Report Transa (Instr. 3	ction(s)			(Instr. 4)	
Common	Stock			01/1	3/2022	2				M		1,250	0	A	(1)	2	5,086	D			
Common Stock				01/1	3/2022					M		4,564	4	A	(1)	29	29,650		D		
Common Stock 01/13				3/2022	/2022			F		2,012 D ⁽²		D ⁽²⁾	\$8.	3 27,638			D				
		Т										sed of onverti				y Owned					
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	ed Date,	4. Transaction Code (Instr. 8)		n of l		6. E	6. Date Exercisa Expiration Date (Month/Day/Yea		ble and	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form Direct or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisabl		xpiration ate	Title		Amount or Number of Shares						
Restricted Stock Units	(1)	01/13/2022			M			1,250		(3)		(3)	Comi		1,250	\$0.00	13,750)	D		
Restricted Stock Units	(1)	01/13/2022			M			4,564		(4)		(4)	Comi		4,564	\$0.00	50,756	5	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.
- $3. \ The \ restricted \ stock \ units \ vest \ in \ 16 \ equal \ quarterly \ installments \ beginning \ one \ quarter \ after \ the \ date \ of \ grant \ (10/13/2020).$
- 4. The restricted stock units vest quarterly with 33% of the shares vesting during the first year, 33% of the shares vesting during the second year, 22% of the shares vesting during the third year and the remaining 12% of the shares vesting during the fourth year, such that all shares will be fully vested on the four year anniversary of the date of grant.

Remarks:

/s/ Lisa Peraza Attorney-in-fact for John Poyhonen

01/14/2022

** 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.