FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject	
o Section 16. Form 4 or Form 5	
obligations may continue. See	
netruction 1(h)	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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*  MANHARD KIMBERLY						2. Issuer Name <b>and</b> Ticker or Trading Symbol HERON THERAPEUTICS, INC. /DE/ [										Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WINTER RIVIDERET						HRTX ]										X Director			10% O			
(Last)	(Fi	rst) (f	Middle	e)		-										belov	,		Other ( below)	·		
4242 CAMPUS POINT COURT						3. Date of Earliest Transaction (Month/Day/Year) 05/01/2020									Executive VP, Drug Development							
SUITE 2	03/	03/01/2020																				
			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable								
(Street)														Li	Line)							
SAN DII	EGO CA	A 9	2121	1											X Form filed by One Reporting Person							
-															Form filed by More than One Reporting Person							
(City)	(St	ate) (2	Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
				2. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Tra	3. Transaction		4. Securities Disposed O	Acqui	ired nstr	I (A) or . 3, 4 and 5			ount of		vnership :: Direct	7. Nature of Indirect		
				(Month/Day/Ye				Code (Instr.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	Ber				(D) or Indirect (I)	Beneficial Ownership		
					v			A	(A) o	or	Duiss		Reported Transaction(s)		(Instr	(Instr. 4)	(Instr. 4)					
							100	ode	v	Amount	(D)		Price		(Instr. 3 and 4)							
Common	04/30/202	20				(1)	V	1,158	A		\$12.12	121		1,158		D						
Common Stock 05/01/202						.0		S	(2)		1,158	D	D \$13.968		87 <sup>(3)</sup> 0		0	D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
			,								convert											
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  Security  3. Transaction Date (Month/Day/Year) if any (Month/Day/Year)				cution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expi	iration	ercisable and Date ylYear)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Deri Sec	vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [1]	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	Code V (A) (D)			Date Exercisab		Expiration Date		tle	Amount or Number of Shares								

## **Explanation of Responses:**

- $1. \ Represents \ shares \ acquired \ under \ the \ Heron \ The rapeutics, \ Inc. \ 1997 \ Employee \ Stock \ Purchase \ Plan \ on \ April \ 30, \ 2020.$
- 2. The sale of common stock reported in this Form 4 was effected pursuant to a Rule 10b5-1 plan dated as of June 13, 2019.
- 3. The range of sales prices received was \$13.91 to \$14.06. 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.

## Remarks:

/s/ Lisa R. Peraza Attorney-in-05/01/2020 fact for Kimberly Manhard

\*\* 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.