FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

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

1. Name and Address of Reporting Person* AZAB MOHAMMAD			. Date of Event I tatement Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol DURECT CORP [DRRX]					
(Last) C/O DURECT 10260 BUBB (Street) CUPERTINO (City)	(First) CORPORATION ROAD CA (State)	(Middle)	01/04/2021			tionship of Reporting Person all applicable) Director Officer (give title below)	o(s) to Issuer 10% Owner Other (spec below)	. (N	Ionth/Day/Year) Individual or Joint oplicable Line) X Form filed by	de of Original Filed //Group Filing (Check y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned										
						ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
,			2. Date Exercisable and Expiration Date (Month/Day/Year)		1	itle and Amount of Secur erlying Derivative Securi		4. Conversion or Exercise Price of Derivative	e Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title	<u>.</u>	or Number of Shares	Security	(I) (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

/s/ Mohammad Azab 01/

** Signature of Reporting Person

01/05/2021 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.