FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| 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).

## 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

| 1. Name and Address of Reporting Person* <u>Blaschke Terrence F</u> |   |            |  |            | - 1                               | 2. Issuer Name <b>and</b> Ticker or Trading Symbol DURECT CORP [ DRRX ] |         |                                  |  |     |   |                 | (Che                                   | elationship ock all applic  Character   Ch | able)   | Reporting Person(s) to Issuer<br>ole)<br>10% Owner |  |                                       |  |
|---|---|------------|--|------------|-----------------------------------|---|---------|----------------------------------|--|-----|---|-----------------|--|--|---|--|--|---------------------------------------|--|
| (Last)  | ,   | •          | (Middle)                                 |            | - 1                               | 3. Date of Earliest Transaction (Month/Day/Year)<br>06/15/2021          |         |                                  |  |     |   |                 |  | Officer<br>below)  | Officer (give title below)  |  | Other (specify below)  |                                       |  |
| C/O DURECT CORPORATION 10260 BUBB ROAD                              |   |            |  |            | 4. If A                           | 4. If Amendment, Date of Original Filed (Month/Day/Year)                |         |                                  |  |     |   |                 | Line                                   | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  |   |  |  |                                       |  |
| (Street) CUPERTINO CA 95014   |   |            |  |            |                                   |   |         |                                  |  |     |   |                 |  | Form filed by One Reporting Person  Form filed by More than One Reporting  Person  |   |  |  |                                       |  |
| (City)  | (S  | itate)     | (Zip)                                    |            |                                   |   |         |                                  |  |     |   |                 |  |  |   |  |  |                                       |  |
|   |   | Table I -  | Non-D                                    | erivat     | ive Se                            | ecı   | ırities | Ac                               | quired,  | Dis | posed   | of, or E        | Benefi                                 | cially Ov  | vned  |  |  |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)      |   |            |  |            | Execution D                       |   |         | Transaction Dispose Code (Instr. |  |     | ties Acquired (A) or<br>I Of (D) (Instr. 3, 4 and |                 | Beneficia<br>Owned Fo                  | ily<br>ollowing  | Form:   | Direct<br>Indirect<br>str. 4)                      | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership                      |                                       |  |
|   |   |            |  |            |                                   |   |         |                                  | Code   | v   | Amount  | ount (A) or (D) |  |  | ransaction(s)<br>nstr. 3 and 4)   |  |  | (Instr. 4)                            |  |
|   |   | Table      |  |            |                                   |   |         |                                  | uired, D<br>option:  |     |   | -               |  | ally Owi<br>es)  | ned   |  |  |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                 | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 1          | 3A. Deem<br>Execution<br>any<br>(Month/D | n Date, if | 4.<br>Transact<br>Code (In:<br>8) |   | n of    |                                  | 6. Date Exercisable<br>Expiration Date<br>(Month/Day/Year) |     | of Securities                                     |                 | es<br>g<br>Security                    | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio | ve<br>es<br>ally<br>eg                             | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |            |  |            | Code                              | v   | (A)     | (D)                              | Date<br>Exercisable  |     | oiration<br>te                                    | Title           | Amount<br>or<br>Number<br>of<br>Shares |  | (instr. 4)  |  |  |                                       |  |
| Stock<br>Option<br>(right to<br>buy)                                | \$1.66  | 06/15/2021 |  |            | A                                 |   | 55,000  |                                  | (1)  | 06/ | /15/2031  | Common<br>Stock | 55,000                                 | \$0.00   | 55,00   | 00   | D  |                                       |  |

## **Explanation of Responses:**

1. 100% of the total shares subject to this grant dated June 15, 2021 shall vest on the day before the first year anniversary of the grant date.

## **Remarks:**

<u>/s/ Terrence F. Blaschke</u>
\*\* Signature of Reporting Person

<u>06/16/2021</u> Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $\star$  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.