FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ashington,	D.C.	20549		

OMB APPROVAL 287

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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* LARUE WILLIAM R				2. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC CADX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) C/O CADENCE PHARMACEUTICALS, INC. 12481 HIGH BLUFF DRIVE, SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 08/31/2009								X Officer (give title Offier (specify below) SVP, CFO, Treas, Asst Sec						
(Street)			92130		4. If	Amer	ndment, [Oate o	f Original F	iled ((Month/Da	ay/Year)		6. Indi ine) X	Form fi	ed by One R ed by More t	ling (Check Apeporting Personant Per	n
(City)	(5	,	(Zip) ole I - Non	-Deriva	ative	Sec	curities	Acc	quired, C	Disp	osed o	f, or Be	nefici	ally	Owned			
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)				Execution Date,		Code (In	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			ed (A) o	4 and Securition Benefici Owned I		es Forn ally (D) o Following (I) (Ir	Ownership orm: Direct O) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)		e:	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)			
		٦	Fable II - D						uired, Dis , options						Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, Ti	ransad ode (I		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				С	ode	v	(A)		Date Exercisable		xpiration ate	Title	Amou or Numb of Share	er				
Restricted stock units	(1)	08/31/2009			A		20,000		(2)		(2)	Common stock	20,00	00	\$0.00	20,000	D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the Company's common stock.
- 2. 1/2 of the shares subject to the restricted stock unit award vest and convert into shares of common stock on the earlier of (a) FDA approval of the Company's NDA for intravenous acetaminophen if such approval is obtained before December 31, 2009, and (b) immediately prior to the consummation of a change in control of the Company if such change in control occurs before December 31, 2009. Subject to the recipient's election to defer the receipt of common stock subject to the other 1/2 of the shares subject to the restricted stock unit award, such shares vest and convert into shares of common stock on the earlier of (a) the one-year anniversary of FDA approval of the Company's NDA for intravenous acetaminophen, and (b) immediately prior to the consummation of a change in control of the Company. In each case, vesting is subject to the recipient's continued status as an employee, independent director or consultant of the Company or any subsidiary on the applicable vesting date.

Remarks:

Hazel M. Aker Attorney-in-fact 09/02/2009

** 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.