SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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1. Name and Address of Reporting Person*

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

2. Issuer Name and Ticker or Trading Symbol

OMB APPROVAL							
MB Number:	3235-0287						
stimated average h	urden						

	OMB Number: 32	235-0287
	Estimated average burden	
	hours per response:	0.5
-		

5. Relationship of Reporting Person(s) to Issuer

					CADENCE PHARMACEUTICALS INC [CADX]										Direc	ctor		X 10% C			
C/O DOMAIN ASSOCIATES, LLC 02/20						Date of Earliest Transaction (Month/Day/Year) 2/20/2013									-		office	er (give title w)		Other below)	(specify
ONE PALMER SQUARE (Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
PRINCE)8542		-										X Form filed by More than One Reporting Person						
	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of S	Security (Inst			2. Trans Date		2A. D Exec if any	Execution Date, if any (Month/Day/Year)		3. Transa Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3,			A) or 5. Ar 4 and Secu Bene Own		Amo curi enefi vnec	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amou	nt	(A) or (D) Pr		Price	_ Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock				0/2013				S ⁽¹⁾			.60	D		\$ <mark>5.</mark>			762,188		D ⁽²⁾⁽³⁾	
		Та	uble II - I (tive Sec uts, cal											y Own	ed				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		n Date,		Transaction of E Code (Instr. Derivative (I		Expiratio	. Date Exercisable : Expiration Date Month/Day/Year)		A S U D S	7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)			8. Price Derivati Security (Instr. 5	ivative derivative curity Securities		y Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V	(/	A)	(D)	Date Exercisa		Expiratio Date			Amou or Numb of Share	er						
	nd Address of <u> Partners</u>	Reporting Person [*] 5 VI, L.P.																			
	MAIN ASS LMER SQI	(First) OCIATES, LLC JARE	(Mido	dle)																	
(Street) PRINCE	TON	NJ	0854	42																	
(City)		(State)	(Zip)																		
	nd Address of JAMES	Reporting Person [*] <u>C</u>																			
	MAIN ASS LMER SQI	(First) OCIATES, LLC JARE	(Mido	dle)																	
(Street) PRINCE	TON	NJ	0854	42																	
(City)		(State)	(Zip)																		
	nd Address of Y BRIAN	Reporting Person [*] <u>I H</u>																			

(Middle)

(Last)

(First)

C/O DOMAIN ASSOCIATES, LLC

ONE PALMER SQUARE									
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of <u>TREU JESSE I</u>	f Reporting Person [*]								
(Last)	(First)	(Middle)							
C/O DOMAIN AS	SOCIATES, LLC								
ONE PALMER SQ	UARE								
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of <u>VITULLO NIC</u>									
(Last)	(First)	(Middle)							
C/O DOMAIN AS	SOCIATES, LLC								
ONE PALMER SQ	UARE								
(Street)									
PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person [*] SCHOEMAKER KATHLEEN K									
(Last)	(First)	(Middle)							
C/O DOMAIN AS	SOCIATES, LLC								
ONE PALMER SQ	UARE								
(Street)									
PRINCETON	NJ	08542							
(City)	(State)	(Zip)							

Explanation of Responses:

1. Sold pursuant to a Rule 10b5-1 Sales Plan adopted by the Reporting Person with respect to the Common Stock of the Issuer.

2. The securities reported as directly beneficially owned by the Reporting Person may be deemed to be indirectly beneficially owned by each of the Reporting Owners listed below, each of whom is a managing member of One Palmer Square Associates VI, LLC, the sole general partner of the Reporting Person. Pursuant to Instruction 4(b)(iv) of Form 4, each such individual has elected to report as indirectly beneficially owned the entire number of securities owned by the Reporting Person, however each of them disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his or her pecuniary interest therein and/or that are not actually distributed to him or her.

3. As managing members of Domain Associates, LLC, each Reporting Owner listed below may also be deemed to indirectly beneficially own 27,500 shares of Common Stock held by Domain Associates, LLC. As managing members of the respective sole general partners of DP VII Associates, L.P., Domain Partners VII, L.P. and DP VI Associates, L.P., each Reporting Owner listed below may also be deemed to indirectly beneficially own the securities of the Issuer held by each such entity, as reported on Form 4s for each such entity filed separately on the same date as this Form 4.

Remarks:

/s/Kathleen K. Schoemaker, as Managing Member of One Palmer Square Associates VI, LLC, General Partner of Domain Partners VI, L.P., 02/22/2013 individually, & as Attorney-in-Fact for James C. Blair, Brian H. Dovey, Jesse I. Treu & Nicole Vitullo

** 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.