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(h)

1. Name and Address of Reporting Person*

(First)

(Middle)

DOVEY BRIAN H

(Last)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 d average burden r response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

Section obligat	n 16. Form 4 or ions may contin tion 1(b).	Form 5		Fil								es Exchan npany Act								average burd esponse:	len 0
1. Name and Address of Reporting Person* DP VI Associates, L.P.					<u>C</u>	2. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC CADX]									eck all D C	appl irect Office	er (give title		X 10% 0	Owner (specify	
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE				02/	3. Date of Earliest Transaction (Month/Day/Year) 02/13/2013										elow			below			
(Street) PRINCETON NJ 08542				- 4. l [·] -	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 X Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																		
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D				saction	ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code (1 8)	ction	4. Securities Acquired (A Disposed Of (D) (Instr. 3,) or	or 5. An 4 and Secu Bene Own		unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indired Beneficia Ownersh	
										Code V		Amount	(A	(A) or (D) Pric		Tra		eported ansaction(s) astr. 3 and 4)			(Instr. 4)
Common	Common Stock				3/2013					S ⁽¹⁾		191		D			83,778			D ⁽²⁾⁽³⁾	
Common				4/201	ļ				S ⁽¹⁾		98 D			\$5.01			83,680		D ⁽²⁾⁽³⁾		
		Ta	able II - I)									sed of, onvertib				Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, If any		4. Transa Code 8)		n of		Ex	6. Date Exerci Expiration Da Month/Day/Y		•	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		. 3	s. Price Derivati Security Instr. 5	ve /)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Owners (Instr. 4)
					Code	v	(A)	(D)	Da Ex	ate kercisak		Expiration Date	Title	Amou or Numb of Share	er						
	nd Address of Associate	Reporting Person*																			
l	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Midd	dle)																	
(Street) PRINCE	TON	NJ	0854	42		_															
(City)		(State)	(Zip)																		
1	nd Address of	Reporting Person*																			
	MAIN ASS LMER SQI	(First) OCIATES, LLC JARE	(Midd	dle)																	
(Street) PRINCE	TON	NJ	0854	42																	
(City)		(State)	(Zip)																		

C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE									
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* TREU JESSE I									
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE									
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
Name and Address of Reporting Person* <u>VITULLO NICOLE</u>									
	C/O DOMAIN ASSOCIATES, LLC								
ONE PALMER SQUARE									
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* SCHOEMAKER KATHLEEN K									
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE									
(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 VI, L.P. and Domain Partners VII, 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 DP VI
Associates, L.P., 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.