П

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). | |

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

| OMB APPRC | OVAL |
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|---------------|----------------|--------------|---|-------------------|--|---|--|--|
| | | | 2. Issuer Name and Ticker or Trading Symbol <u>CADENCE PHARMACEUTICALS INC</u> [CADX] | | tionship of Reporting Pers all applicable) Director Officer (give title below) | son(s) to Issuer 10% Owner Other (specify below) | | |
| | | () | 3. Date of Earliest Transaction (Month/Day/Year) | SVP | | | | |
| C/O CADENCE | PHARMACEU | IICALS, INC. | 08/25/2009 | | | | | |
| 12481 HIGH BI | LUFF DRIVE, SU | JITE 200 | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | ridual or Joint/Group Filinç | (Check Applicable | | |
| (Street) | | | | | Form filed by One Repo | orting Porcon | | |
| SAN DIEGO | CA | 92130 | | | , , , | 0 | | |
| , | | | | | Form filed by More thar Person | One Reporting | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-----------------------------|---|------------------------------------|---------------|--------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common stock | 08/25/2009 | | М | | 2,500 | A | \$0.4 | 4,500 | D | |
| Common stock | 08/25/2009 | | S ⁽¹⁾ | | 2,500 | D | \$ <mark>11</mark> | 2,000 | D | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deri Sec Acq (A) o Disp of (I | oosed D) tr. 3, 4 | Expiration Date (Month/Day/Year) s | | Date Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|-------------------------|--|--------------------|-----------------|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock option (right to buy) | \$0.4 | 08/25/2009 | | М | | | 2,500 | 02/16/2005 | 02/15/2015 | common stock | 2,500 | (2) | 65,000 | D | |

Explanation of Responses:

1. The sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 18, 2009.

2. Not applicable to this transaction.

Remarks:

/s/ Hazel M. Aker Attorney-in-6- at 08/26/2009

<u>fact</u>

** Signature of Reporting Person Date

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

 \ast 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.