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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

11. Nature of Indirect Beneficial Ownership (Instr. 4)

1. Name and Address of Reporting Person\*

(First)

(Middle)

**DOVEY BRIAN H** 

(Last)

	ions may contination 1(b).	nue. See		File								es Exchan			1		hours	s per i	response:	0
1. Name and Address of Reporting Person*  DOMAIN PARTERS VII L P				<u>C</u>	2. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC CADX ]										5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director X 10% Own  Officer (give title below) below)			Owner (specify		
	,	OCIATES, LLC	(Middle)			Date o		st Trans	sact	tion (Mo	nth/C	Day/Year)				bei	ow)		below	)
(Street) PRINCETON NJ 08542				-   4. l <sup>·</sup> -	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	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		(Zip)																	
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D				saction	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			(A) or	5. An Secu Bene Own	Amount of ecurities eneficially wned Following eported		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indire Beneficia Ownersh (Instr. 4)	
										Code	v	Amount	(A (D	(A) or (D) Prid		Trans	saction(s) r. 3 and 4)			(1130.4)
Common Stock 03/11								S <sup>(1)</sup>		4,118	_	D	\$5.34	_	,474,134	-	D <sup>(2)(3)(4)</sup>			
Common	Stock	_		<u> </u>	2/201					S <sup>(1)</sup>		6,346		D	\$5.38		,467,788		D <sup>(2)(3)(4)</sup>	
		Ta	able II - I )									sed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, T if any C		4. Transa Code 8)		n of E		Ex	. Date Exercisi Expiration Date Month/Day/Yea			Amou Secur Under Deriva Secur	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		. Price of Perivative Security Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)	
					Code	v	(A)	(D)		ate kercisabl		Expiration Date	Title	Amo or Num of Shar	ber					
		Reporting Person <sup>*</sup>																		
	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Midd	dle)																
(Street) PRINCE	TON	NJ	0854	42																
(City)		(State)	(Zip)																	
	nd Address of	Reporting Person*	ī																	
	MAIN ASS LMER SQU	(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) C/O DOMAIN ASS ONE PALMER SQ	(Middle)							
(Street) PRINCETON	NJ	08542						
(City)	(State)	(Zip)						
Name and Address of Reporting Person* <u>VITULLO NICOLE</u>								
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE								
(Street) PRINCETON	NJ	08542						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>Halak Brian K</u>								
(Last)	(First)	(Middle)						
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 VII, 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.
- 4. As managing members of the respective sole general partners of DP VII Associates, L.P., Domain Partners VI, L.P. and DP VI Associates, L.P., each Reporting Owner listed below (except for Brian K. Halak with respect to Domain Partners VI, L.P. and DP VI Associates, L.P.) 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:

individually, & as Attorney-in-Fact for James C. Blair, Brian H. Dovey, Jesse I. Treu, Nicole Vitullo and Brian K. Halak

\*\* 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.