SEC F	Form 4
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FORM	4
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB AP	PROVAL
MB Number	3235-02

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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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

 1	
OMB Number:	3235-028
Estimated average burde	en
hours per response:	0.

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol <u>CADENCE PHARMACEUTICALS INC</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Schroeder Theodore R</u>				CADX]		X	Director	10% 0	Dwner		
(Last)	(First)	(Middle)		,]			X	Officer (give title below)	Other below	(specify)	
C/O CADENCE PHARMACEUTICALS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 03/16/2011			President, CEO				
12481 HIGH BLUFF DRIVE, SUITE 200											
(Street)			4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)				6. Individual or Joint/Group Filing (Check Applicable Line)			
SAN DIEGO	CA	92130					X	Form filed by One	e Reporting Pers	on	
								Form filed by Mor Person	e than One Rep	orting	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1 Title of Security (Instr. 2) 2 Trans				24 Deemed	3	A Securities Acquired (A)	or	5 Amount of	6 Ownershin	7 Nature of	

itle of Security (Instr. 3)	Date (Month/Day/Year)	if any	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)	Securities Beneficially	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Reported	(1130.4)

Transaction(s) (Instr. 3 and 4) Code V Amount (A) or (D) Price Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative 5. Number of 3. Transaction 3A. Deemed 6. Date Exercisable and 7. Title and Amount 8. Price of 9. Number of 10. 11. Nature 2. Conversion Transaction Code (Instr. Expiration Date (Month/Day/Year) of Securities Date Execution Date. Derivative Securities Derivative derivative Ownership of Indirect Security (Instr. 3) or Exercise Price of if any (Month/Day/Year) Underlying Derivative Security Security (Instr. 5) (Month/Day/Year) Securities Form Beneficial 8) Beneficially Direct (D) Ownership Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Owned Following Reported Derivative (Instr. 3 and 4) or Indirect (Instr. 4) Security (I) (Instr. 4) Transaction(s) (Instr. 4) Amount Date Expiration Number Date of Shares Code v (A) (D) Exercisable Title stock option commor \$<mark>8.55</mark> 03/16/2011 A 500,000 (1) 03/16/2021 500,000 (2)500,000 D (right to stock buy)

Explanation of Responses:

1. The option vests over a six-year period. 10% of the number of shares of common stock subject to the option vest one year after the date of grant, 1/120th of the original number of shares of common stock subject to the option vest on the first day of each full month in years 2 and 3, 1/60th of the original number of shares of common stock subject to the option vest on the first day of each full month in year 4, and 1/48th of the original number of shares of common stock subject to the option vest on the first day of each full month in year 4, and

2. Not applicable to this transaction.

Remarks:

Hazel M. Aker Attorney-in-fact 03/18/2011

** 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.