FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

this box if no longer subject to	
n 16. Form 4 or Form 5	
ione may continue Coe	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 d average burden esponse: 0.5

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

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

Check

1. Name and Address of Reporting Person*

(First)

(Middle)

DOVEY BRIAN H

(Last)

obligat	n 16. Form 4 or ions may contii tion 1(b).			Fil								es Exchan					ll.		response:	o 0
1. Name and Address of Reporting Person* DP VI Associates, L.P. (Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE				2. I <u>C</u>	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC CADX [CADX]										pplicable) ector	X 10% C		Owner		
					3. Date of Earliest Transaction (Month/Day/Year) 01/24/2013										Officer (give title Other (specify below) below)					
(Street)	LMER SQU	JARE 			- 4.1	f Ame	endmen	t, Date	of C	Original I	Filed	(Month/Da	ay/Year)	6. Inc			•	iling (Check A	
PRINCETON NJ 08542			-												Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(S:		(Zip) ole I - Noi	n-Deri	vative	e Se	curiti	es Ac	qu	iired,	Disp	osed o	f, or I	Benefi	cially	y Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			saction	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (I 8)	tion	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			or	5. Am Secul Bene Owne	nount of rities ficially ed Following	Fo (D	Ownership orm: Direct o) or Indirect (Instr. 4)	7. Nature of Indire Beneficia Ownersh		
						_				Code V		Amount	(A (D) or) Pr	ice	Repo Trans (Instr	ted action(s) 3 and 4)	\perp		(Instr. 4)
				-	24/201	4/2013 5/2013				S ⁽¹⁾		1,201 456	-		5.45 5.38	-	86,785 86,329		D ⁽²⁾⁽³⁾	
		T	able II - I	 Deriva	tive S	Secu				ed, Di		sed of,	or Be	neficia	lly C					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed 4 Execution Date, T if any C		4. Transs Code 8)	actior	n of		6. Ex	6. Date Exerci Expiration Da (Month/Day/Y		able and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. De Se (In	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Ownersi (Instr. 4)
					Code	v	(A)	(D)		ate xercisab		Expiration Date	Title	Amoun or Numbe of Shares						
	nd Address of Associate	Reporting Person*	*		•		·	7					,	•						
	MAIN ASS LMER SQI	(First) OCIATES, LLC JARE	(Midd	dle)																
(Street) PRINCE	TON	NJ	0854	42																
(City)		(State)	(Zip)																	
	nd Address of L JAMES	Reporting Person* C	*																	
	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 TREU JESSE	of Reporting Person *								
(Last) C/O DOMAIN AS ONE PALMER S	(First) SSOCIATES, LLC QUARE	(Middle)							
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
Name and Address of Reporting Person* VITULLO NICOLE									
(Last) C/O DOMAIN A	(First) SSOCIATES, LLC	(Middle)							
ONE PALMER SQUARE									
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* <u>SCHOEMAKER KATHLEEN K</u>									
(Last) C/O DOMAIN AS ONE PALMER S	(First) SSOCIATES, LLC QUARE	(Middle)							
(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.