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

1. Name and Address of Reporting Person*

(First)

(Middle)

DOVEY BRIAN H

(Last)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden er response: 0.5

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

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

U obligat	tions may continue tion 1(b).			File								es Exchan			34			hours	s per	response:	0
1. Name and Address of Reporting Person* DOMAIN PARTERS VII L P					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]										5. Relationship of Re (Check all applicable Director Officer (giv			X 10%		Issuer Owner r (specify
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE					3. Date of Earliest Transaction (Month/Day/Year) 01/22/2013										below) below)						
(Street) PRINCETON NJ 08542				- 4.1	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		(Zip)	n Doris	otiv		o uniti		i	rod	Dio			Pone	oficia	alls:	Own				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				action	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3 T	3. Transaction		4. Securit	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,) or 5. 4 and Se Be		Amount of ecurities eneficially wned Following eported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indired Beneficia Ownersh	
									c	Code	v	Amount		A) or D)	Price	rice Trans		action(s) 3 and 4)			(Instr. 4)
Common Stock 01/2					2/2013			S ⁽¹⁾		14,96	6	D	\$5.	02 2,68		587,379		D ⁽²⁾⁽³⁾⁽⁴⁾			
Common	Stock			01/23						S ⁽¹⁾		25,35		D	\$5 .			562,025		D ⁽²⁾⁽³⁾⁽⁴⁾	
		Ta	able II - I)									sed of, onvertib				y O	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, T		4. Trans Code 8)		on of		Exp	5. Date Exercisa Expiration Date Month/Day/Yea		•	Amou Secur Unde Deriv					9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indire Beneficia Ownersh (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisab		Expiration Date	Title	or	ount nber res						
		Reporting Person*																			
	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Mide	dle)																	
(Street) PRINCE	TON	NJ	0854	42																	
(City)		(State)	(Zip)																		
ı	nd Address of	Reporting Person*																			
	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Mide	dle)																	
(Street) PRINCE	ETON	NJ	0854	42																	
(City)		(State)	(Zip)																		

C/O DOMAIN ASS								
(Street) PRINCETON	08542							
(City)	(State)	(Zip)						
1. Name and Address of TREU JESSE I	of Reporting Person*							
(Last) C/O DOMAIN ASS ONE PALMER SQ		(Middle)						
(Street) PRINCETON	NJ	08542						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* VITULLO NICOLE								
(Last) C/O DOMAIN ASS ONE PALMER SQ		(Middle)						
(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								
	UARE							
(Street) PRINCETON	NJ	08542						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* SCHOEMAKER KATHLEEN K								
(Last) C/O DOMAIN ASSONE PALMER SQ		(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 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.