(City)

(Last)

(State)

(First)

1. Name and Address of Reporting Person\*

**DOVEY BRIAN H** 

(Zip)

(Middle)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvasinigton, D.C. 200

OMB APP	ROVAL
OMP Number:	2225 02

0287 burden 0.5

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

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

## Check this box if no longer subject to

U obligati	n 16. Form 4 or ions may contii tion 1(b).			File				Section 16(							4			ll.		response:	0 0
1. Name and Address of Reporting Person*  DP VII ASSOCIATES LP				2. II	or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol  CADENCE PHARMACEUTICALS INC  [CADX]  3. Date of Earliest Transaction (Month/Day/Year)  01/24/2013									5. Relationship of F (Check all applicab Director Officer (gi				X 10% (			
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE				01/											below)			below	)``		
(Street) PRINCE	TON N	J (	08542					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check App Line)  Form filed by One Reporting Person  X  Form filed by More than One Report				son	
(City)	(S	tate) (	(Zip)																		
			le I - Noi			_	_	ırities Ad	cqı		Dis	_				_			_		
1. Title of Security (Instr. 3)		2. Trans Date (Month		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Inst			ities Acquired (A d Of (D) (Instr. 3,		(A) or 3, 4 aı	nd	Repor	ities icially d Following ted	Fo (D	Ownership orm: Direct ) or Indirect (Instr. 4)	7. Nature of Indired Beneficia Ownersh (Instr. 4)		
						4				Code	v	Amount	(A (D	() or ()	Price		(Instr.	action(s) 3 and 4)			
Common						4/2013				S <sup>(1)</sup>		616	+	D	\$5.4 \$5.1				-	D(2)(3)(4)	
Common Stock 01/25/				ive Securities Acquir					ļ						14,562		D(=)(=)(-)				
		lā						warrants								y Ol	wnea				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code 8)		:	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	ΙE	6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  Securit Underly Derivati Securit and 4)		nt of ities lying ative ity (Ins	str. 3	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Ownersh (Instr. 4)		
					Code	v		(A) (D)		Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber						
ı		Reporting Person*  IATES LP																			
l	MAIN ASS LMER SQI	(First) OCIATES, LLC JARE	(Midd	dle)																	
(Street) PRINCE	TON	NJ	0854	<b>4</b> 2																	
(City)		(State)	(Zip)																		
1	nd Address of	Reporting Person*																			
	MAIN ASS LMER SQI	(First) OCIATES, LLC JARE	(Midd	dle)																	
(Street)	TON	NI	0854	12																	

C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE									
(Street) PRINCETON	08542								
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*  TREU JESSE I									
	(Last) (First) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE								
(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) C/O DOMAIN ASS ONE 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 Domain Partners VII, 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.