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: 3235-0287 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 continution 1(b).			File								es Exchan			4			hours	s per	response:	0
1. Name and Address of Reporting Person* Domain Partners VI, 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 3. Date of Earliest Transaction (Month/Day/Year) 01/24/2013									5. Relationship of R (Check all applicable Director Officer (giv			X 10% (Owner		
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE														Officer (give title Other (spe below) below)							
(Street) PRINCETON NJ 08542				- 4. li	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)	(Si		(Zip)	- Davis			i4i	^-		usal F	<u> </u>			D = 11 = 1	<u> </u>		0				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3 T C	3. 4. Transaction D		4. Securit	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,) or 5. 4 and S B		5. Amount of Securities Beneficially Dwned Following Reported		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indired Beneficial Ownersh	
								c	Code	,	Amount		(A) or (D) Pri		:	Trans	action(s) 3 and 4)			(Instr. 4)	
Common Stock			01/24	1/2013					S ⁽¹⁾		111,02	22	D	\$5.	5.45 8,		098,137		D (2)(3)		
Common	Stock				5/2013					S ⁽¹⁾		42,52		D	\$5.			055,612		D ⁽²⁾⁽³⁾	
		Ta	able II - I)									sed of, onvertib				y Ov	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 if any C		4. Transa Code 8)		n of E		Exp	s. Date Exercisa Expiration Date Month/Day/Yea		•	Amou Secui Unde Deriv					9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Ownersh (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisabl		Expiration Date	Title	Amo or Num of Shar	ber						
	nd Address of n Partners	Reporting Person*		•		,	,	,	,		Í								·		
	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Mide	dle)																	
(Street) PRINCE	TON	NJ	085	42																	
(City)		(State)	(Zip)																		
	nd Address of	Reporting Person*																			
	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Mide	dle)																	
(Street)	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) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE									
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* VITULLO NICOLE									
(Last) C/O DOMAIN AS	(First)	(Middle)							
ONE PALMER SO	QUARE								
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* SCHOEMAKER KATHLEEN K									
(Last) C/O DOMAIN AS ONE PALMER SO	(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 VII, L.P. and DP VI Associates, 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
Domain Partners VI, L.P.,
individually, & as Attorney-inFact 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.