FORM 4

DOVEY BRIAN H

(First)

(Middle)

(Last)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

heck this box if no longer subject to
ection 16. Form 4 or Form 5
bligations may continue. See

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)

Section obligat	this box if no long 16. Form 4 or tions may continution 1(b).	onger subject to Form 5 nue. See	STA		ed purs	uant	to Se	ection 16((a) (of the Se	ecuriti	NEFICI ies Exchan mpany Act	ige Act	of 1934	ERS	HIP		Estima hours p	ted av	erage burd	3235-028 en 0
1. Name and Address of Reporting Person* Domain Partners VI, L.P. (Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SOUARE					CA CA	CADENCE PHARMACEUTICALS INC [Check all a Direction of CADX]									ck all ap Dire Offi	ship of Reporting Person(s) to Issuer applicable) irector X 10% Owner fficer (give title elow) Other (specify below)					
(Street) PRINCE (City)	CTON N.	J (08542 (Zip)				endm 2013	,	of	Original	Filed	i (Month/Da	ay/Year	·)	6. Inc Line)	For For	m filed	by One	Repo	(Check A erting Pers One Rep	son
		Tab	le I - No	n-Deriv	ative	Se	cur	ities A	cq	uired,	Dis	posed c	of, or	Benef	icially	y Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ır) I	2A. Deemed Execution Date, if any (Month/Day/Year)		·	3. Transaction Code (Instr. 8)					4 and 5) Securi Benefi		ficially ed Follo	ities icially d Following		nership : Direct · Indirect str. 4)	7. Nature of Indire Beneficia Ownersh (Instr. 4)	
									Code	v	Amount	() (I	A) or D) F	Price	Trans (Instr	action(r. 3 and	s) 4)			, ,,	
Common Stock 01/24/				/2013	2013			S ⁽¹⁾		112,022	2(4)	D	\$5.45 8		8,098,137		Γ	(2)(3)			
Common Stock			01/25	5/2013					S ⁽¹⁾		42,52	5	D	\$5.38 8		8,055,612		Ε	(2)(3)		
		Ta										sed of, onvertib				Owned	t				
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		4. Transa Code (8)		on of		E	6. Date Exerc Expiration Da (Month/Day/Y		e	7. Titl Amou Secur Under Derive Secur and 4	unt of rities rlying ative rity (Instr)	De Se (In	Price of erivative ecurity estr. 5)	derive Secu Bene Owne Follo Repo Trans	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Or Fo Di or (I)	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Natur of Indire Benefici Ownersh (Instr. 4)
					Code	v	(A) (D)		Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er						
	nd Address of n Partners	Reporting Person*																			
l	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Mic	ldle)																	
(Street) PRINCE	TON	NJ	085	42																	
(City)		(State)	(Zip)																	
	nd Address of	Reporting Person*																			
l	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Mic	ldle)																	
(Street) PRINCE	TON	NJ	085	42																	
(City)		(State)	(Zip)																	
1. Name ar	nd Address of	Reporting Person*																			

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)							
Name and Address of Reporting Person* <u>VITULLO NICOLE</u>									
(Last) C/O DOMAIN ASS	(First) SOCIATES, LLC	(Middle)							
ONE PALMER SQUARE									
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* SCHOEMAKER KATHLEEN K									
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE									
(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.
- 4. This Amendment is being filed solely to correct a typographical error in the number of shares sold reported in the original filing.

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.