

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* FRAZIER ALAN D (Last) (First) (Middle) C/O CADENCE PHARMACEUTICALS, INC. 12481 HIGH BLUFF DRIVE, SUITE 200 (Street) SAN DIEGO CA 92130 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC [CADX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 02/18/2009	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	02/18/2009		A		3,128,258	A	\$7.13	3,128,258	I	By Frazier Healthcare VI, L.P. ⁽¹⁾
Common Stock	02/18/2009		A		347,584	A	\$7.13	4,720,243	I	By Frazier Healthcare V, L.P. ⁽²⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Warrant to purchase common stock (right to buy)	\$7.84	02/18/2009		A		1,564,129		02/18/2009	02/18/2014	Common Stock	1,564,129	\$0.125	1,564,129	I	By Frazier Healthcare VI, L.P. ⁽¹⁾
Warrant to purchase common stock (right to buy)	\$7.84	02/18/2009		A		173,792		02/18/2009	02/18/2014	Common Stock	173,792	\$0.125	173,792	I	By Frazier Healthcare V, L.P. ⁽²⁾

Explanation of Responses:

- The general partner of Frazier Healthcare VI, LP is FHM VI, LP. FHM VI, LLC is the general partner of FHM VI, LP. Mr. Frazier is a managing member of FHM VI, LLC. Mr. Frazier disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein and this report shall not be deemed an admission for Section 16 or any other purpose.
- The general partner of Frazier Healthcare V, LP is FHM V, LP. FHM V, LLC is the general partner of FHM V, LP. Mr. Frazier is a managing member of FHM V, LLC. Mr. Frazier disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein and this report shall not be deemed an admission for Section 16 or any other purpose.

Remarks:

/s/ William R. LaRue

02/20/2009

** 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.