FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APP                  | ROVAL     |  |  |  |  |
|--------------------------|-----------|--|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |  |
| Estimated average burden |           |  |  |  |  |
| hours per response       | 0.5       |  |  |  |  |

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

| Name and Address of Reporting Person*     Domain Partners VI, L.P.   | Requiring Sta<br>(Month/Day/                                   | 2. Date of Event Requiring Statement (Month/Day/Year) 10/25/2006  3. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC [ CADX ] |   |   |                                    |  |   |  |  |  |
|--|--|--|---|---|------------------------------------|--|---|--|--|--|
| (Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC   |  |  | Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner |   |                                    | 5. If Amendment, Date of Original Filed (Month/Day/Year) |   |  |  |  |
| ONE PALMER SQUARE  | _  |  | Officer (give title below)  | Other (spec   |                                    | lividual or Joint/Group Filing (Check cable Line)        |   |  |  |  |
| (Street)   |  |  |   |   | X                                  | •  | One Reporting Person  |  |  |  |
| PRINCETON NJ 08542   |  |  |   |   |                                    | Reporting Pe   | More than One<br>erson                                      |  |  |  |
| (City) (State) (Zip)   |  |  |   |   |                                    |  |   |  |  |  |
| Table I - Non-Derivative Securities Beneficially Owned   |  |  |   |   |                                    |  |   |  |  |  |
| 1. Title of Security (Instr. 4)  |  |  | 2. Amount of Securities<br>Beneficially Owned (Instr. 4)                                      | 3. Ownershi<br>Form: Direct<br>or Indirect (I<br>(Instr. 5) | (D) (Instr.                        | ture of Indirect Beneficial Ownership<br>. 5)            |   |  |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |   |   |                                    |  |   |  |  |  |
| 1. Title of Derivative Security (Instr. 4)   | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |  | 3. Title and Amount of Securities<br>Underlying Derivative Security (Instr. 4)                |   | 4.<br>Conversion<br>or Exercise    | 5.<br>Ownership<br>Form:                                 | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |  |
|  | Date<br>Exercisable  | Expiration<br>Date   | Title   | Amount or<br>Number of<br>Shares                            | Price of<br>Derivative<br>Security | Direct (D)<br>or Indirect<br>(I) (Instr. 5)              |   |  |  |  |
| Series A-1 Preferred Stock   | (1)  | (1)  | Common Stock  | 986,765(2)  | (1)                                | D  |   |  |  |  |
| Series A-2 Preferred Stock   | (1)  | (1)  | Common Stock  | 1,574,409(2)  | (1)                                | D  |   |  |  |  |
| Series A-3 Preferred Stock   | (1)  | (1)  | Common Stock  | 3,091,864 <sup>(2)</sup>                                    | (1)                                | D  |   |  |  |  |

## Explanation of Responses:

- 1. All outstanding shares of the Issuer's preferred stock will automatically convert into Common Stock immediately upon the closing of the Issuer's initial public offering, for no additional consideration.
- 2. Reflects the 4 for 1 reverse split of the Common Stock effected prior to the effectiveness of the registration statement filed in connection with the Issuer's initial public offering.

## Remarks:

/s/Kathleen K. Schoemaker,

Managing Member of One
Palmer Square Associates VI, 10/25/2006
LLC, General Partner of
Domain Partners VI, L.P.

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.