FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

neck this box if no longer subject to
ection 16. Form 4 or Form 5
ligations 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 average burden 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 on the continuous may continuous 1(b).		STA		ed purs	suant t	o Sectio	on 16(a	) of the Se	ecuriti	es Exchan	ge Act o	of 1934		SH	IP		stimat	umber: ed average buri er response:	3235-028 den 0
1. Name and Address of Reporting Person*  DOMAIN PARTERS VII L P  (Last) (First) (Middle)					<u>C</u>	2. Issuer Name and Ticker or Trading Symbol  CADENCE PHARMACEUTICALS INC  CADX ]									5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director X 10% Owner  Officer (give title below)  Other (spe				Owner (specify	
C/O DO	,	SOCIATES, LLC	` '			Date o /13/2		st Trans	saction (M	onth/I	Day/Year)									
(Street) PRINCE	TON N	J (	08542		-   4. li	f Ame	ndment	t, Date (	of Original	Filed	(Month/Da	ay/Year)			Indiv ne)	Form	n filed by n filed by	One	Filing (Check A Reporting Per than One Re	son
(City)	(S	tate)	(Zip)																	
			le I - No			_				Dis					lly					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					ar) E	A. Deer Execution f any Month/D	on Date,	Transa Code	Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			and Securi		icially d Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indired Beneficia Ownersh (Instr. 4)	
Common	Stock			02/1	3/2013	3			Code S <sup>(1)</sup>	v	Amount 5,763	(D	) or ) D	Price \$5		(Instr.	action(s) 3 and 4)	,	D(2)(3)(4)	<u> </u>
					4/2013			S <sup>(1)</sup>		2,951	-	D D	\$5.0	$\dashv$	2,534,757		-	D <sup>(2)</sup> (3)(4)		
		Ta	able II - I								sed of, onvertib				/ Ov	vned				
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. Transa Code 8)		n of		6. Date E Expiratio (Month/D	n Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			9. Numl derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4	ive ies cially ng ed ction(s	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						
1		f Reporting Person* FERS VII L P															•		•	•
	MAIN ASS LMER SQ	(First) SOCIATES, LLC UARE	(Midd	dle)																
(Street) PRINCE	TON	NJ	0854	<b>4</b> 2																
(City)		(State)	(Zip)																	
	nd Address of	Reporting Person*																		
1	MAIN ASS LMER SQ	(First) SOCIATES, LLC UARE	(Midd	dle)																
(Street) PRINCE	TON	NJ	0854	<b>4</b> 2																
(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) C/O DOMAIN ASS ONE PALMER SQ	(Middle)							
(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 DP VII Associates, 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.