(City)

(Last)

(State)

(First)

1. Name and Address of Reporting Person*

DOVEY BRIAN H

(Zip)

(Middle)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ck this box if no longer subject to	
tion 16. Form 4 or Form 5	
gations may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

Section obligati	this box if no long 16. Form 4 or lons may continution 1(b).	onger subject to Form 5 nue. See	STA		ed purs	uant	t to S	Section	16(a)	of the Se	curiti	NEFICI ies Exchan mpany Act	ige Act	of 193		SH	IP	Estir		nber: I average burd response:	3235-028 den 0
1. Name and Address of Reporting Person* Domain Partners VI, L.P. (Last) (First) (Middle)					CA CA	2. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC [CADX] 5. Relationship of Re (Check all applicable Director Officer (give below)) 3. Date of Earliest Transaction (Month/Day/Year)										licable) tor er (give title	X 10% Owner				
	MAIN ASS LMER SQU	OCIATES, LLC JARE				15/2			iiaiisc	ivi) rioitag	OHUI	Day/ Tear)									
(Street) PRINCETON NJ 08542				- 4. II	Line) Form filed									filed by O	nt/Group Filing (Check Applicable I by One Reporting Person I by More than One Reporting						
(City)	(S	tate) ((Zip)																		
		Tab	le I - No	1		_					Dis	posed o				_					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (ADisposed Of (D) (Instr. 35)				d	5. Amou Securiti Benefic Owned Reporte	ies ially Following	Fo (D	Ownership orm: Direct o) or Indirect (Instr. 4)	7. Nature of Indired Beneficia Ownersh (Instr. 4)	
					_			Code	v	Amount	(A (C	A) or D)	Price		Transaction(s) (Instr. 3 and 4)		_		(
					5/2013					S ⁽¹⁾		29,71	-	D	\$5.2			42,104		D ⁽²⁾⁽³⁾	
Common Stock 03/18/					ve Securities Acqu			caui	ļ	enc		<u> </u>		\$5.1			17,368	,300 D(5)(8)			
												onvertib				- Ovi	viieu				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	Execution Date, if any		4. Transactior Code (Instr 8)		n of E		6. Date E Expiratio (Month/D	n Dat		Amount of Securities Underlying Derivative Security (Ins and 4)			8. Pri Deriv Secu (Instr	vative rity r. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici OwnersI (Instr. 4)
					Code	v		(A) (I		Date Exercisa		Expiration Date	Title	Amo or Num of Shai	nber						
1	nd Address of n Partners	Reporting Person*																			
	MAIN ASS LMER SQI	(First) OCIATES, LLC JARE	(Mid	dle)																	
(Street)	TON	NJ	085	42																	
(City) (State) (Zip)																					
	nd Address of JAMES	Reporting Person*																			
	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Mid	dle)																	
(Street) PRINCE	TON	NJ	085	42																	

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 AS ONE PALMER SO	(First) SSOCIATES, LLC QUARE	(Middle)								
(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 SQUARE										
(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 &

** Signature of Reporting Person Date

Nicole Vitullo

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.