FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number:

Estimated average burden response: 0.5

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

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

Check this box if no longer subject to Section 16. Form 4 or Form 5

1. Name and Address of Reporting Person*

(First)

(Middle)

DOVEY BRIAN H

(Last)

	tions may continution 1(b).	iue. See		File								es Exchan			4		hours	s per re	esponse:	0
1. Name and Address of Reporting Person* DP VII ASSOCIATES LP				2. I	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC CADX 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2013										ck all ap Dire	nip of Reportion policable) ector	Ü	₹ 10% C		
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE (Street)															Officer (give title below)		Other below)	(specify)		
			- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)											dual or Joint/Group Filing (Check A					
(City)			08542 (Zip)		-										X	Fori Per	m filed by Mo son	ore tha	n One Rep	orting
		•	le I - Noi	n-Deriv	vative	Sec	curitie	es Ac	aui	ired.	Dist	osed o	f. or l	Bene	ficially	Own	ed			
1. Title of	1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye		ar) if	2A. Deemed Execution Date, if any (Month/Day/Year)		, [3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		(A) or	5. Am Secur Benet	5. Amount of Securities Beneficially Owned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indired Beneficia Ownersh	
								-	Code V		Amount	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
	Common Stock			-		3/2013				S ⁽¹⁾		282	-	D -	\$5.4	-	44,280		(2)(3)(4)	
Common	Stock				9/201					S ⁽¹⁾		260		D	\$5.27		44,020)(2)(3)(4)	
		Ta	able II - I)									sed of, onvertib				wned	i			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year) 3A. Deem Execution if any (Month/Day		n Date, Transacti Code (Ins			ion of E		Ex	Date Ex piration onth/Da	Date		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		De Se (In:	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	/ G	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Ownersh (Instr. 4)
					Code	v	(A)	(D)	Dai Exc	te ercisab		Expiration Date	Title	Amo or Num of Shar	ber					
		Reporting Person*	t																	
DP VII	ASSOC	IATES LP				_														
(Last)	MAIN ASS	(First) OCIATES, LLC	(Midd	dle)																
	LMER SQU	· ·	_																	
(Street)	TON	NJ	0854	42																
(City)		(State)	(Zip)																	
	nd Address of	Reporting Person*	•																	
	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Midd	dle)																
(Street) PRINCE	TON	NJ	0854	42																
(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) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE									
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
Name and Address of Reporting Person* VITULLO NICOLE									
(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) (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 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 Domain Partners VII, 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.