FORM 4

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

Washington, D.C. 20549

-	OMB APPRO	JVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
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0.5

Check t	his box if no longer subject to
Section	16. Form 4 or Form 5
obligation	ons may continue. See
Instructi	on 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					UI	Secui	JII 30(II) C	n uie	mvesimeni	CUI	ilpariy Act	01 1940								
1. Name and Address of Reporting Person*  ATWOOD BRIAN G					2. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
AI WOOD BRIAIN G			CA	CADX ]									Directo	r		10% Ov	vner			
(Last)	(Fi	irst)	(Middle)		L										Officer below)	(give title		Other (s below)	pecify	
C/O CADENCE PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/16/2010														
				•	06/	/16/2	010													
12481 HIGH BLUFF DRIVE, SUITE 200					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)					·	. ,			Ongma		(	.y/ .ou./		ne)	addi oi o	опи отоар	9	, (311331171)	J	
SAN DII	EGO C	A	92130											X	Form fi	led by One	Repo	orting Persor	n	
			.									One Repor	ting							
(City)	(S	tate)	(Zip)												Person					
					<u> </u>								<u> </u>							
		Tab	le I - Non	-Deriva	ative	Se	curities	Ac	quired, [	Disp	osed o	f, or Be	neficia	lly C	wned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)					action		2A. Deeme		3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4						5. Amour Securitie				7. Nature of Indirect	
					Day/Ye	ar)   i	Execution Date, if any		Code (Instr. 5)			ed Of (D) (Illsti. 3,		Beneficia Owned F		ally (D)	(D) or	or Indirect	Beneficial Ownership	
				(Month/Day/Yea					1	Reported		d			(Instr. 4)					
								Code	V	Amount	Amount (A) or P			Transaction(s) (Instr. 3 and 4)						
		7	Table II - D	Derivat	tive s	Seci	ırities	Δcαι	ired Di	sno	sed of	or Ber	eficiall	v Ov	vned					
		'							, options					, 0	viica					
1. Title of	2.	3. Transaction	3A. Deemed	i 4	4.		5. Numb	oer	6. Date Exe	ercis	able and	7. Title a	nd	8. F	Price of	9. Number	of	10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution D		Transaction Code (Instr. 8)				Expiration Date Amount of (Month/Day/Year) Securities						rivative curity	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(Monthly Buy, real)	(Month/Day/						Underlying					(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
Derivative   Security						(A) or		Security (Instr.					3		Following		(i) (instr. 4)	(111501.4)		
						Dispo of (D)			and 4)							Reported Transaction(s) (Instr. 4)		n(s)		
					3, 4 and 5)															
													Amount							
									Data	١.	iuatiau		Number							
				c	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Shares							
Stock																				
Option (right to	\$7.16	06/16/2010			Α		12,500		(1)		06/16/2020	common stock	12,500		(2)	12,500		D		

## **Explanation of Responses:**

- 1. Shares shall vest in twelve equal monthly installments of 1/12 of the original number of shares subject to such option beginning upon the Vesting Commencement Date of July 1, 2010, subject to such individual's continuing service on the Board through each such date.
- 2. Not applicable to this transaction.

## Remarks:

/s/ Hazel M. Aker Attorney-in-06/17/2010 fact

\*\* Signature of Reporting Person

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.