FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

k this box if no longer subject to	
on 16. Form 4 or Form 5	
ations 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 d average burden r response: 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 ions may conting 1(b).		SIA		ed purs	uant 1	o Secti	on 16(a)) of the S	ecuri	NEFICI ities Exchan ompany Act	ge Act	of 1934		SHIP	•	Estima		average burd esponse:	en 0
1. Name and Address of Reporting Person* DOMAIN PARTERS VII L P (Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC					CA CA 3. E	CADENCE PHARMACEUTICALS INC [CADX] (Chapter of CADX] (Chapter of CADX)										5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director X 10% Owner Officer (give title below) Other (spe below)				Owner (specify
	LMER SQU				03/	/19/2	013													
(Street) PRINCE	TON N	J (08542		4. If Amendment, Date of Original					l File	d (Month/Da	ay/Year)	Line	e) F V F	orm file	nt/Group Filing (Check Applicable I by One Reporting Person I by More than One Reporting			
(City)	(S	tate)	(Zip)																	
			le I - No	1		_			_	Dis	sposed o				_					
1. Title of Security (Instr. 3)		2. Trans Date (Month		ar) I	A. Deer Execution f any Month/I	3. Transa Code 8)		n Disposed	5)			4 and Secur Benef Owne Repor		ficially ed Following rted		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indired Beneficia Ownersh (Instr. 4)			
									Code	٧	Amount	(0	"	Price	(In	ansaction str. 3 an	d 4)		- 0.0040	
	Common Stock Common Stock				20/2013				S ⁽¹⁾	┞	7,925 5,510	_	D D	\$5.19 \$5.22	-	2,429,454			D(2)(3)(4) D(2)(3)(4)	
Common	JUCK	Ta	able II - I				rities	Acau		isp	osed of,						J44			
	Ι.		(e.g., p	uts, c		, warı	ants,	option	s, c	convertib	le se	curiti	ies)				. [T
1. Title of Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security		se (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transaction			on of		6. Date E Expiratio (Month/D	n Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	d. Price Derivati Decurity Instr. 5	ve der y Sec) Ber Ow Fol Rep Tra	lumber of ivative curities neficially ned lowing ported nsaction str. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amor or Numl of Share	ber						
1		Reporting Person*																		
	MAIN ASS LMER SQI	(First) OCIATES, LLC JARE	(Midd	dle)																
(Street) PRINCE	TON	NJ	0854	4 2																
(City)		(State)	(Zip)																	
1	nd Address of	Reporting Person*																		
	MAIN ASS LMER SQI	(First) OCIATES, LLC JARE	(Midd	dle)																
(Street) PRINCE	TON	NJ	0854	4 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) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE									
(Street) PRINCETON	-								
(City)	(State)	(Zip)							
1. 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) 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.