FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

			n 16(a) of the Securities Exchange A of the Investment Company Act of 19			<u>-</u>	
1. Name and Address of Reporting Person* Frazier Healthcare VI, L.P. 2. Date of Event Requiring Statement (Month/Day/Year) 02/18/2009		3. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC [CADX]					
(Last) (First) (Middle) 601 UNION STREET, SUITE 3200	02/10/2005		Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) SEATTLE WA 98101 (City) (State) (Zip)			Officer (give title below)	Other (spe- below)		Applicable Line) Form filed b	d/Group Filing (Check y One Reporting Person y More than One erson
	Table I - No	on-Deriva	ı ative Securities Beneficial	ly Owned			
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect ((Instr. 5)	t (D) (I	. Nature of Indirect nstr. 5)	Beneficial Ownership
Common Stock ⁽¹⁾⁽⁴⁾			3,128,258	I	See Footnote ⁽¹⁾		
Common Stock ⁽²⁾⁽⁴⁾			3,128,258	I	S	See Footnote ⁽²⁾	
Common Stock ⁽³⁾⁽⁴⁾			3,128,258	D			
(6			ve Securities Beneficially rants, options, convertible		s)		
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securitic Underlying Derivative Security	ity (Instr. 4) Co		5. Ownership cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivati Security	ve or Indirect	
Warrant (right to buy) ⁽¹⁾⁽⁴⁾	02/18/2009	02/18/2014	Common Stock	1,564,129	7.84	1 I	See Footnote ⁽¹⁾
Warrant (right to buy) ⁽²⁾⁽⁴⁾	02/18/2009	02/18/2014	Common Stock	1,564,129	7.84	1 I	See Footnote ⁽²⁾
Warrant (right to buy) ⁽³⁾⁽⁴⁾	02/18/2009	02/18/2014	Common Stock	1,564,129	7.84	4 D	
1. Name and Address of Reporting Person* Frazier Healthcare VI, L.P.							
(Last) (First) (Middle 601 UNION STREET, SUITE 3200	e)						
(Street) SEATTLE WA 9810	1						

98101		
le)		
1		

(Street) SEATTLE	WA	98101	
(City)	(State)	(Zip)	

Explanation of Responses:

- 1. These securities were acquired and are held directly by Frazier Healthcare VI, L.P. ("FH VI"). FHM VI, L.L.C. ("FHM VI L.L.C.") is the general partner of FHM VI, L.P. ("FHM VI"), which is the general partner of FH VI. FHM VI L.L.C. may be deemed to have voting and dispositive power with respect to the shares held by FH VI. FHM VI L.L.C. disclaims beneficial ownership of the securities held by FH VI except to the extent of any pecuniary interest therein.
- 2. These securities were acquired and are held directly by FH VI. FHM VI is the general partner of FH VI and may be deemed to have voting and dispositive power with respect to the shares held by FH VI. FHM VI disclaims beneficial ownership of the securities held by FH VI except to the extent of any pecuniary interest therein.
- 3. These securities were acquired and are held directly by FH VI.
- 4. The Reporting Persons may be deemed to be members of a group with Frazier Healthcare V, L.P., FHM V, L.P., and FHM V, L.L.C. that beneficially owns more than ten percent (10%) of the Common Stock of the Issuer (see that certain Schedule 13G/A filed on February 20, 2009). The Reporting Persons disclaim the existence of a 13(d) group and this statement shall not be deemed an admission that such a group exists.

/s/ Thomas S. Hodge, Chief
Operating Officer of FHM VI 02/25/2009
L.L.C.

** 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 5 (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.