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## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burde	en									
hours per response:	0.5									

1. Name and Address of Reporting Person <sup>*</sup> ATWOOD BRIAN G		Person*	2. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
			CADX	<b>^</b>	Director	10% Owner			
(Last)	(First)	(Middle)			Officer (give title below)	Other (specify below)			
(Last)	(11131)	(midule)	3. Date of Earliest Transaction (Month/Day/Year)	I	,	,			
C/O CADENCI	E PHARMAC	EUTICALS, INC.	02/20/2008	I					
12481 HIGH B	LUFF DRIVE	, SUITE 200							
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi	vidual or Joint/Group Fili	ng (Check Applicable			
				Line)					
(Street)				X X	Form filed by One Re	porting Person			
SAN DIEGO	CA	92130		···	Form filed by More th	n One Departing			
			-		Form filed by More the Person	an One Reporting			
(City)	(State)	(Zip)							

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(	
Common Stock	02/20/2008		A		1,275,262	A	\$5.34	3,220,948	I	By Versant Venture Capital II, L.P. <sup>(1)</sup>	
Common Stock	02/20/2008		A		24,201	A	\$5.34	61,124	I	By Versant Affiliates Fund II- A, L.P. <sup>(1)</sup>	
Common Stock	02/20/2008		A		11,398	A	\$5.34	28,787	I	By Versant Side Fund II, L.P. <sup>(1)</sup>	

 
 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Expiration Date Derivatives Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative d Security S (Instr. 5) E F F T	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Mr. Atwood is a Managing Member of Versant Ventures II, L.L.C., the sole general partner of each of these funds. Pursuant to instruction 4(b)(iv) of Form 4, Mr. Atwood has elected to report as indirectly beneficially owned the entire number of securities beneficially owned by each of these funds. Mr. Atwood disclaims beneficial ownership of these shares, except to the extent of his pecuniary interest therein, and this shall not be deemed an admission of Section 16 or for any other purpose.

#### **Remarks:**

William R. LaRue Attorney-infact 02/22/2008

\*\* 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.