## 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. <i>See</i> 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						
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				01 000	tion 30(n) of the Inv	counci		ipany not of 1	.040					
1. Name and Address of Reporting Person <sup>*</sup> DP VI Associates, L.P.				2. Issuer Name and Ticker or Trading Symbol <u>CADENCE PHARMACEUTICALS INC</u> [ CADX ]							ationship of Reportir k all applicable) Director Officer (give title	X 10%	ssuer Owner (specify	
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE				3. Date of Earliest Transaction (Month/Day/Year) 01/30/2013							below)	below		
(Street) PRINCETON (City)	NJ (State)	08542 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line) X	Form filed by One Reporting Person			
	Ta	able I - Nor	n-Derivat	tive S	ecurities Acqu	uired,	Dis	osed of,	or Ben	eficially	Owned			
Date			2. Transac Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Disposed Of 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)		(11341 4)	
Common Stock			01/30/2	2013		<b>S</b> <sup>(1)</sup>		367	D	\$5	84,904	D <sup>(2)(3)</sup>		
Common Stock 01/31/				2013		S <sup>(1)</sup>		613	D	\$4.71	84,291	D <sup>(2)(3)</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. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)		Expiration Date Amou (Month/Day/Year) Securi Under Deriva Securi		Expiration Date Amount of		8. Price of Derivative Security (Instr. 5)	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						

1. Name and Address of Reporting Person<sup>\*</sup> DP VI Associates, L.P.

	<u>14(00) 211 (</u>							
(Last)	(First)	(Middle)						
C/O DOMAIN ASSOCIATES, LLC								
ONE PALMER	SQUARE							
(Street)								
PRINCETON	NJ	08542						
(City)	(State)	(Zip)						
1. Name and Addres	ss of Reporting Person <sup>*</sup> ESC							
(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 <sup>®</sup> DOVEY BRIAN H								
(Last)	(First)	(Middle)						

C/O DOMAIN ASS ONE PALMER SQ									
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* <u>TREU JESSE I</u>									
(Last)	(First)	(Middle)							
C/O DOMAIN ASS	SOCIATES, LLC								
ONE PALMER SQ	UARE								
(Street)									
PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
	1. Name and Address of Reporting Person <sup>*</sup> VITULLO NICOLE								
(Last)	(First)	(Middle)							
C/O DOMAIN ASS	SOCIATES, LLC								
ONE PALMER SQ	UARE								
(Street)									
PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address o									
<u>SCHOEMAKE</u>	R KATHLEEN K	<u> </u>							
(Last)	(First)	(Middle)							
C/O DOMAIN ASSOCIATES, LLC									
ONE PALMER SQ	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 VI, 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 percunary 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. As managing members of the respective sole general partners of DP VII Associates, L.P., Domain Partners VI, L.P. and Domain Partners VII, L.P., each Reporting Owner listed below 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:**

/s/Kathleen K. Schoemaker, asManaging Member of OnePalmer Square Associates VI,LLC, General Partner of DP VIAssociates, L.P., individually,02/01/2013& as Attorney-in-Fact forJames C. Blair, Brian H.Dovey, Jesse I. Treu & NicoleVitullo\*\* Signature of Reporting PersonDate

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.