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(h)

1. Name and Address of Reporting  $\mathsf{Person}^*$ 

(First)

(Middle)

**DOVEY BRIAN H** 

(Last)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden r response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

U obligati	ions may contiretion 1(b).			File								s Exchan			4			ll ll		response:	0
1. Name and Address of Reporting Person*  DOMAIN PARTERS VII L P					<u>C</u> A	2. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC CADX ]									5. (C	5. Relationship of Rep (Check all applicable) Director Officer (give				X 10% C	Owner (specify
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC ONE PALMER SQUARE						3. Date of Earliest Transaction (Month/Day/Year) 03/07/2013											belo	w)		below	)
(Street) PRINCETON NJ 08542 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person							
				n-Deriv	ative	Sec	ruritie	es Ac	nuire	l Di	isn	nsed n	f or	Rene	ficia	allv	Own	ed			
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D.				action	2 Ear) if	A. Deen xecutio any Month/D	3. Tran	saction	on	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			(A) or	) or 5. A 4 and Sec Ben Owr		mount of urities eficially ned Following orted		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indire Beneficia Ownersh (Instr. 4)		
								Cod	v		Amount	(A (C	() or ()	Price	Trans		action(s) 3 and 4)			(111311.4)	
	Common Stock 03/07								S <sup>(1)</sup>	+		12,70	_	D	\$5.2			483,406	-	D <sup>(2)(3)(4)</sup>	
Common	Stock			03/08					S <sup>(1)</sup>			5,154		D	\$5			478,252		D <sup>(2)(3)(4)</sup>	
		Ta	able II - I )	Derivat (e.g., pı												y Oı	wned				
1. Title of Derivative Security (Instr. 3)  Conversi or Exerci Price of Derivativ Security		3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date, Trans Code		iction Instr.	ı of l		Expira	5. Date Exercis Expiration Date Month/Day/Yea			Amou Secur Under Deriva			Deri Seci	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Ownersi (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable		xpiration ate	Title	Amo or Num of Sha	nber						
		Reporting Person*																			
	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Mide	dle)																	
(Street) PRINCE	TON	NJ	085	42																	
(City)		(State)	(Zip)																		
	nd Address of	Reporting Person*																			
	MAIN ASS LMER SQU	(First) OCIATES, LLC JARE	(Mide	dle)																	
(Street) PRINCE	TON	NJ	085	42																	
(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) C/O DOMAIN ASS ONE PALMER SQ	(Middle)								
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
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.