FORM 4

1. Name and Address of Reporting Person*

(First)

(Middle)

DOVEY BRIAN H

(Last)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

this box if no longer subject to	
16. Form 4 or Form 5	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden er response: 0.5

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

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

Section obligat	this box if no long 16. Form 4 or ions may contition 1(b).		STAT		ed purs	uant to	o Sectio	on 16(a) of the Se	ecuriti	es Exchan	ge Act o	of 1934		SH	IP		Stimat	umber: ed average bur er response:	3235-028 den 0
1. Name and Address of Reporting Person* DOMAIN PARTERS VII L P (Last) (First) (Middle)					CA	2. Issuer Name and Ticker or Trading Symbol CADENCE PHARMACEUTICALS INC [CADX] 3. Date of Earliest Transaction (Month/Day/Year)									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title below) Other (specify below)				Owner (specify	
1	MAIN ASS LMER SQI	OCIATES, LLC HARE				13/20		ot man	saction (ivi	Ontri	Say, rear,									
(Street) PRINCE			08542		4. If Amendment,				ndment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check App Line) Form filed by One Reporting Person X Form filed by More than One Report				son
(City)	(S	tate) ((Zip)													1 013	, oii			
		Tab	le I - Noi	n-Deri	vative	Sec	curitie	es Ac	quired,	Dis	posed o	f, or I	3ene	ficia	lly (Owne	ed			
Date			Date	saction /Day/Ye	ar) E	any	med on Date, Day/Yea	Code	Transaction Disposed Code (Instr. 5)			ities Acquired (A) o d Of (D) (Instr. 3, 4 a			or 5. Amou Securiti Benefic Owned Reporte			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indired Beneficia Ownersh (Instr. 4)	
									Code	v	Amount	(A (D) or)	Price		Transa	action(s) 3 and 4)			(,
Common					3/2013	_			S ⁽¹⁾		7,733	-	D	\$5.4	-		460,055	-	D(2)(3)(4)	
Common	Stock				4/2013				S ⁽¹⁾	<u></u>	5,020		D	\$5.3			455,035		D ⁽²⁾⁽³⁾⁽⁴⁾	
		Ta	able II - I)								sed of, onvertib				, Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transactic Code (Inst		on of		6. Date E Expiratio (Month/D	n Date		Amou Securi Under Deriva Securi	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ive ies cially ng ed ction(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Owners! (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						
		Reporting Person*			,					Í				ŕ					,	,
1	MAIN ASS LMER SQ	(First) OCIATES, LLC UARE	(Mido	dle)																
(Street)	TON	NJ	0854	12																
(City)		(State)	(Zip)																	
	nd Address of	Reporting Person*																		
1	MAIN ASS LMER SQ	(First) OCIATES, LLC UARE	(Midd	dle)																
(Street) PRINCE	TON	NJ	0854	12																
(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	(Middle)								
- ONE TALMER SQ	ONE PALMER SQUARE								
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
Name and Address of Reporting Person* <u>VITULLO NICOLE</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* Halak Brian K									
(Last) C/O DOMAIN ASS ONE PALMER SQ	(Middle)								
(Street) PRINCETON	NJ	08542							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* SCHOEMAKER KATHLEEN K									
(Last) (First) (Middle) C/O DOMAIN ASSOCIATES, LLC 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 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.