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

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

UNITED	OMB APPROVAL			
	Washington, D.C. 20549		OMB Number:	3235-0287
STATE	Expires:	December 31, 2014		
Filed pursuant to 17(a) of the Pul	Estimated average burden hours per 0.5 response			
ting Person [*]	2. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [PCRX]	Issuer	o of Reporting Person(s)	
(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/07/2014	(Check all applic) Director	,	10% Owner

I.

7

1. Name and Address of Reporting Person [*] Markvicka Taunia			2. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [PCRX]	5. Relationship of Reporting Person(s) to Issuer				
(Last) C/O PACIRA F SYLVAN WAY		(Middle) TICALS, INC., 5	 3. Date of Earliest Transaction (Month/Day/Year) 11/07/2014 	(Check all applicable) Director 10% Owner X Officer (give Other (specify title below) below) SVP, Chief Commercial Officer				
(Street) PARSIPPANY (City)	NJ (State)	07054 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 				

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)	3. Transac Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	11/07/2014		Р		230	Α	\$ 86.62	230	I	By spouse	

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. Transac Code (Instr. 8		5.		6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: 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:

<u>/s/ James Scibetta,</u> <u>Attorney-in-Fact</u> ** Signature of Reportin

11/12/2014

** Signature of Reporting Person

^{ing} 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.