FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or s | section | on 30(n) | or the i | nvestme | nt Co | mpany Act | or 19 | 40 | | | | | | | | |
|---|---|--|--|----------|---|---|---|----------|--------------------------------------|---------|---|-------|-----------------|---|---|---|---|---|---|------------|--|
| 1. Name and Address of Reporting Person* Froimson Mark | | | | | 2. Issuer Name and Ticker or Trading Symbol Pacira BioSciences, Inc. [PCRX] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Froims | on Mark | • | | | 1 | CIIC | Dioc | CICIIC | <u>.co, 111</u> | <u></u> | Clut | | 1 11 | | | | | 10% O | wner | | |
| (Last) | , | First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2019 | | | | | | | | | | Office belov | er (give title v) | | Other (below) | specify | |
| C/O PAC | IRA BIO | SCIENCES, INC | 2. | | | | | | | | | | | | | | | | | | |
| 5 SYLVAN WAY, SUITE 300 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | | ' | -, | Form | filed by One | e Reno | orting Pers | on | |
| PARSIPPANY NJ 07054 | | | | | | | | | | | | | | 21 | Form filed by More than One Reporting Person | | | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tal | ole I - No | n-Deriva | ative | Se | curitie | s Acc | quired | , Dis | posed o | f, o | r Ben | eficia | ally O | wne | ed | | | | |
| Date | | | | Date | Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Se | | 5. Amount of Securities Beneficially Owned Following Reported | | vnership :: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . т | ransa | ction(s) and 4) | | | (Instr. 4) | |
| Common | Stock | | 12/16/2019 G V 300 D \$ 0.00 4,716 | | | | | | D | | | | | | | | | | | | |
| | | ٦ | able II - I | | | | | | | | sed of, onvertib | | | | y Owi | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | | | 6. Date I Expirati (Month/I | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Pric Deriva Securi (Instr. | vative rity 7. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | wnership orm: | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nur of | ount nber ires | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Kristen Williams, Attorney-12/19/2019 in-Fact

** 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.