## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner resnonse.	0.5								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Reinhart Charles A. III					2. Issuer Name and Ticker or Trading Symbol Pacira BioSciences, Inc. [ PCRX ]									nship of Reporting Per I applicable) Director Officer (give title		erson(s) to Issuer  10% Owner  Other (specify			
	t) (First) (Middle) ) PACIRA BIOSCIENCES, INC. YLVAN WAY, SUITE 300						of Earliest 2019	Trans	action (Mo	onth/[	Day/Year)			below) below)  Chief Financial Officer					
(Street) PARSIPI			07054 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Noi	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficia	ly Owned	l				
		2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)					Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock				06/0	4/201	9			S		1,106(	1,106 <sup>(1)</sup> D		91 11	11,936		D		
Common Stock 0				06/0	5/201	5/2019			A		4,400(	2) <b>A</b>	\$0.0	16,336			D		
		-	Гable II -									or Ben ble secu		Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	4. Transa Code ( 8)				6. Date Ex Expiration (Month/Da	Date		7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transactic (Instr. 4)	Ow For Ily Dir or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$43.54	06/05/2019			A		26,300		(3)	0	06/05/2029	Common Stock	26,300	\$0.00	26,30	0	D		

#### **Explanation of Responses:**

- 1. Represents shares sold by the reporting person to cover tax obligations upon the vesting of restricted stock units.
- 2. Represents restricted stock units that vest in four equal annual installments beginning on June 3, 2020, provided that the reporting person remains in continuous service with the issuer as of each vesting date. Each restricted stock unit represents the contingent right to receive one share of the issuer's common stock
- 3. The stock option vests and becomes exercisable as to 25% of the option shares on the first anniversary of the grant date, and vests as to the remaining shares in successive equal quarterly installments over the subsequent three years, provided that the reporting person remains in continuous service with the issuer as of each vesting date.

## Remarks:

/s/ Kristen Williams, Attorney-

06/06/2019

\*\* Signature of Reporting Person

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.