FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB A
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:
	Estimated aver

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor resnance.	0.5								

1. Name and Address of Reporting Person*  Riker Lauren Bullaro  (Last) (First) (Middle)  C/O PACIRA PHARMACEUTICALS, INC. 5 SYLVAN WAY, SUITE 300  (Street)  PARSIPPANY NJ 07054						2. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [ PCRX ]  3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017  4. If Amendment, Date of Original Filed (Month/Day/Year)								6	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Vice President, Finance  6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		Zip)																	
1. Title of Security (Instr. 3)  2. Transac Date					saction	2A. Deemed Execution Date,				ired, Disposed of, or Benefi  3.					) or 5. Amo		ount of ties	Form:	nership Direct	7. Nature of Indirect
(Month/E				/Day/Yea	ay/Year) if any (Month/Day/Year)									Repor		l Following ted		D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(1	A) or D)	Price		Transaction(s) (Instr. 3 and 4)					
Common Stock 12/15/					/15/2017				S		340 D		\$43	3.7 10,442(1)			D			
	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  (Instr. 3)  3. Transaction Date Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8)		of E		Expiratio	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of	nber						

## **Explanation of Responses:**

1. Includes 719 shares of common stock acquired under the issuer's employee stock purchase plan in June 2017.

## Remarks:

/s/ Lauren Riker

12/18/2017

\*\* 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.