FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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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

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

Name and Address of Reporting Person* Wicki Andreas					2. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [PCRX]									5. Relationship of Reporti (Check all applicable) X Director			ng Person(s) to Issuer 10% Owner		
(Last)	(Fir	,	/liddle)	3. Date of Earliest Transaction (Month/Day/Year) 05/22/2013										Officer (give title below)		Э	Other (specify below)		
CENTENNIAL TOWERS, 3RD FLOOR, 2454 WEST BAY ROAD				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) GRAND CAYMA	· · · · · · · · · · · · · · · · · · ·													Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				/Year) i	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, and 5)					5. Amou Securiti Benefic Owned Followi	es ially		: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)		rice	Reporte Transac	ted		. 3,	(III-5ti : 4)	
Common Stock 05/22/203				013	13			S		18,471(1	1)]		\$30	2,143,807				See footnote. ⁽²⁾	
	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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			Code (of Deriv Secu Acqu (A) o Disport (D		r osed) . 3, 4	6. Date Expirati (Month)	ion D		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		o D S (I	Price f erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
				Code	e V (A) (D)			Date Exercis	able	Expiration Date	Title	of Shar							

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by HBM Healthcare Investments (Cayman) Ltd., formerly known as HBM BioVentures (Cayman) Ltd. ("HBM") on March 15, 2013.
- 2. The board of directors of HBM (the "HBM Board") has sole voting and investment power with respect to the securities held by such entity and acts by majority vote. The reporting person does not have sole voting or investment power over the securities held by HBM. However, the reporting person may be deemed to have beneficial ownership of these securities by virtue of his membership on the Board of HBM. The reporting person disclaims beneficial ownership of the securities reported herein for the purposes of Rule 16a-1(a)under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), except to the extent of his pecuniary interest herein, if any. This report on Form 4 shall not be deemed an admission that the reporting person is a beneficial owner for the purpose of Section 16 of the Exchange Act, or for any other purpose.

/s/ Mehdi Khodadad (Attorney-in-Fact) 05/24/2013

** 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.