FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

D

Transaction(s)

70,000

(Instr. 4)

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

| 1. Name and Address of Reporting Person [*] Reinhart Charles A. III | | | | | 2. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [PCRX] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|---|-----------------------|---------|--------------|-----------|--|---------------|---|------|-----------------------------------|-----------------|--------------------|--|--------------------------------------|----------------------------|-------------------------|--|
| | | | | | | | | | | | | Direct | Director | | Owner | |
| (Last) | nst) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/03/2016 | | | | | | | X Office below | r (give title) | Oth bele | er (specify w) | |
| C/O PACIRA PHARMACEUTICALS, INC. | | | | | | | | | | | | C | Chief Fina | ncial Office | r | |
| 5 SYLVAN WAY, SUITE 300 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | | | X Form | filed by One | e Reporting F | erson | |
| PARSIPPANY NJ 07054 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - Non-E | Derivativ | ve Sec | urities Ac | quired, l | Disp | osed o | of, or Bene | ficial | ly Owne | d | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day | | | | | Execution Date, | | Transaction Dispos Code (Instr. and 5) | | rities Acquire ed Of (D) (Inst | | Securit Benefic | ies | 6. Ownershi Form: Direc (D) or | of Indirect Beneficial | | |
| | | | | | | onth/Day/Year |) 8) | | | | | Owned | | Indirect (I) | Ownership | |
| | | | | | | onth/Day/Year |) 8) Code | v | Amoun | t (A) or (D) | Price | Follow Report Transa | | Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| | | т | able II - De | | Secu | rities Acqu | Code | spo | sed of, | or Benefi | cially | Follow Report Transa (Instr. 3 | ed ction(s) | | | |
| | | T | | | Secu | | Code | spo | sed of, | or Benefi | cially | Follow Report Transa (Instr. 3 | ed ction(s) | | | |

| 1. 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. |

Date

Exercisable

(1)

(D)

Expiration

05/03/2026

Title

Common

Stock

Date

of (D)

and 5)

(A)

70,000

v

Code

A

(Instr. 3, 4

Remarks:

\$51.54

Explanation of Responses:

Stock Option

(Right to Buy)

/s/ Kristen Williams, Attorney- 05/04/2016 in-Fact

\$0.00

** Signature of Reporting Person Date

Amount or Number of Shares

70,000

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).

05/03/2016

** 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.