FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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 Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Williams Kristen Marie					2. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [ PCRX ]									ck all applic	able)			ssuer Owner (specify		
	CIRA PHAI	RMACEUTICAI	(Middle) LS, INC.			3. Date of Earliest Transaction (Month/Day/Year) 06/13/2018							_ >	below)		below) eneral Counsel		,,,,,		
5 SYLVAN WAY, SUITE 300					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable					
(Street) PARSIPI	PANY N	J	07054			validations, pate of original Filed (Month/Pay/Teal)						Line	Form filed by One Reporting Person Form filed by More than One Reporting				ı			
(City)	(5	itate)	(Zip)												Persor	l				
		Tab	le I - Nor	ı-Deriv	vativ	e Se	curities	s Acc	quired, [	Disp	osed o	f, or B	enet	ficially	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4				es Form ally (D) of Following (I) (II		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	nt (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 06/13			3/201	/2018		A		7,875	7,875 <sup>(1)</sup> A \$		\$0.00	27,147			D					
		-	Table II - I						ired, Di options						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	Date,	4. Transaction Code (Insti		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisable		xpiration ate	Title	or Nu of	mount imber ares						
Stock Option (Right to	\$38.35	06/13/2018			A		47,250		(2)	0	6/13/2028	Commo Stock	47	7,250	\$0.00	47,250	)	D		

## **Explanation of Responses:**

- 1. Represents restricted stock units that vest in four equal annual installments beginning on June 3, 2019, 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.
- 2. 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

06/15/2018

\*\* 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.