FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20349

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

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
	Estimated average burde	en				
	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*     Jones James B						2. Issuer Name <b>and</b> Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [ PCRX ]								k all app Dired Offic	olicable) ctor er (give title	Other	Owner (specify	
(Last) (First) (Middle) C/O PACIRA PHARMACEUTICALS, INC. 5 SYLVAN WAY, SUITE 300					3. Date of Earliest Transaction (Month/Day/Year) 11/20/2017									SV	,	below Medical Offic	,	
(Street) PARSIPF (City)	PANY N	J (	)7054 Zip)		4. If	Amer	ndment	, Date o	of Origin	al File	d (Month/Da	ay/Year)		6. Indi Line) X	Forn	n filed by One n filed by Mor	e Reporting Pere	son
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or E	Benef	icially	Owne	ed		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)					Execution Date,		3. 4. Securitie Transaction Code (Instr. 8)					Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) oi (D)	Pri	ce	Trans	action(s) 3 and 4)		(11154114)
Common Stock 11/20/20					2017	017		S		850	D	\$4	1.1088	10	5,823 <sup>(1)</sup>	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Security Conversion Date Execution Date, (Month/Day/Year) Execution Date, if any				Transaction Code (Instr.		mber rative rities ired r osed ) : 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		te Amount of Securities Underlying Derivative Security (Instrand 4)		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er				

## **Explanation of Responses:**

1. Includes 360 shares of common stock acquired under the issuer's employee stock purchase plan in June 2017.

## Remarks:

/s/ Kristen Williams, Attorneyin-Fact 11/20/2017

\*\* 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.