FORM 4

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

Washington, D.C. 20549

| OMB APPROVAL             |       |  |  |  |  |  |  |  |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-028     |       |  |  |  |  |  |  |  |
| 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).

## 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*  Weiland Robert J.  (Last) (First) (Middle)  C/O PACIRA PHARMACEUTICALS, INC. 5 SYLVAN WAY, SUITE 300  (Street)  PARSIPPANY NJ 07054  (City) (State) (Zip) |   |  |  | - 3. Da 06/1 | 2. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [ PCRX ]  3. Date of Earliest Transaction (Month/Day/Year) 06/15/2016  4. If Amendment, Date of Original Filed (Month/Day/Year) |        |                                   |   |                      |   |   | 6        | X                                 | all appl Director Office below Ch   | or r (give title ) ief Comm  Joint/Group filed by One  | 10% On Other (s below) all Officer ag (Check A | wner specify pplicable  |   |
|---|---|--|--|--------------|--|--------|-----------------------------------|---|----------------------|---|---|----------|-----------------------------------|---|--|--|---|---|
|   |   |  |  | Day/Year)    | 2A. Deemed Execution Date, if any (Month/Day/Year)   |        |                                   | 3.<br>Transactic<br>Code (Ins<br>8)<br>Code | on<br>str.           | 4. Securities Acquired Disposed Of (D) (Instr. and 5) |   | or Price | or<br>4                           | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) |  | Forr<br>(D) o                                  | n: Direct<br>or<br>rect (I)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed Execution Date, T if any (Month/Day/Year) 8 |              | ransaction of ode (Instr. Derivat  |        | tive<br>ties<br>ed<br>sed<br>3, 4 | Date Exercisable                            | cisa<br>Date<br>Year | ble and r)  | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amo or Num of Title Shar |          | 8. P<br>of<br>Deri<br>Sec<br>(Ins | of<br>Derivative<br>Security<br>Instr. 5)   | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr.<br>4) | Beneficial<br>Ownership   |
| Stock<br>Option<br>(Right to<br>Buy)  | \$40.34   | 06/15/2016                                 |  | A            |  | 10,000 |                                   | (1)   | 06/                  | /15/2026  | Common<br>Stock   | 10,000   | \$                                | 0.00  | 10,000   |  | D   |   |

## Explanation of Responses:

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.

## Remarks:

/s/ Kristen Williams, Attorneyin-Fact 06/17/2016

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.