Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF
Section 16. Form 4 or Form 5	
obligations may continue. See	

## **CHANGES IN BENEFICIAL OWNERSHIP**

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

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*  LARANJEIRA CHARLES ANTHONY						2. Issuer Name and Ticker or Trading Symbol Pacira BioSciences, Inc. [ PCRX ]									ationship of Reporting all applicable) Director Officer (give title		g Pers	on(s) to Issu 10% Ow Other (s	ner
	(F CIRA BIOS AN WAY, SI		3. Date of Earliest Transaction (Month/Day/Year) 06/04/2019									below) below) SVP, Technical Operations							
(Street) PARSIPI	PANY N	J	07054 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Apline)  X Form filed by One Reporting Person  Form filed by More than One Report										1			
		Tab	le I - Noi	n-Deriv	vativ	e Se	curities	s Acc	quired,	Dis	posed o	f, or Be	neficia	ally	Owned				
1. Title of Security (Instr. 3) 2. Tra		2. Trans	Transaction te		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Amou Securiti Benefici Owned		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) or (D)	Price	:	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock 00				06/04	4/201	9			S		430(1)	) D	\$42	.91	5,367(2)			D	
Common Stock 06/0				5/201	/2019			A		5,000(	3) A	\$0.	50.00 10		),367		D		
		-	Гable II -									or Ben ble secu			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (l 8)		of		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	E OF FOR DO OF (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amour or Number of Shares	er					
Stock Option (Right to	\$43.54	06/05/2019			A		30,000		(4)	0	06/05/2029	Common Stock	30,00	0	\$0.00	30,000	)	D	

## **Explanation of Responses:**

- 1. Represents shares sold by the reporting person to cover tax obligations upon the vesting of restricted stock units.
- 2. Includes 559 shares of common stock acquired under the issuer's employee stock purchase plan in December 2018.
- 3. Represents restricted stock units that vest in four equal annual installments beginning on June 3, 2020, 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.
- 4. 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/ Kr<u>isten Williams, Attorney-</u> in-Fact

06/06/2019

\*\* 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.