## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner resnonse.	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*  STACK DAVID M						2. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [ PCRX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last) (First) (Middle) C/O PACIRA PHARMACEUTICALS, INC. 5 SYLVAN WAY, SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 06/14/2017								X Officer (give title Other (specify below)  CEO and Chairman					
(Street) PARSIPPANY NJ 07054  (City) (State) (Zip)				_   4. _	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person      Form filed by More than One Reporting Person						
(City)	(5			on-Deri	vativ	e Se	curities	s Ac	auirea	l. Di	sposed o	f. or Be	neficial	lly Owned					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)			action	ion 2A. Deen Executio //Year) if any		2A. Deemed Execution Date,		ction Instr.	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		(A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar	on(s) ad 4)			Instr. 4)		
Common Stock			06/14	/2017				A		40,500(1	) A	\$0.00	100,0	059		)			
Common Stock													18,5	18,596		I S	By Stack Schroon Mohawk FLP <sup>(2)</sup>		
Common Stock												1,20	)8	I		By LCK nvestment LLC <sup>(2)</sup>			
		-	Table II								posed of, converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Executio if any	3A. Deemed Execution Date,		action (Instr.	5. Number ion of		6. Date Expirati (Month/	on Da		7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$44.2	06/14/2017			A		81,000		(3)		06/14/2027	Common Stock	81,000	\$0.00	81,0	1,000 D			

### **Explanation of Responses:**

- 1. Represents restricted stock units that vest in four equal annual installments beginning on June 3, 2018, 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. Mr. Stack is the general partner of Stack Schroon Mohawk FLP. Mr. Stack and his wife are the owners of LCK Investment LLC.
- 3. 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 \*\* Signature of Reporting Person

06/16/2017

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.