FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO | OVAL |
|------------------------|-----------|
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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* SLONIN JONATHAN (Last) (First) (Middle) C/O PACIRA BIOSCIENCES, INC. 5401 WEST KENNEDY BOULEVARD, SUITE 890 (Street) | | | | | 3. E 05/ | Issuer Name and Ticker or Trading Symbol Pacira BioSciences, Inc. [PCRX] Inc. [PCRX] | | | | | | | | 6. Ir | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Clinical Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
|--|--|--|--|-------|-------------------------|---|---------|-------|---------------------------------------|---|---|------------------|--|--|---|---|---|----------|--|---|
| TAMPA (City) | FI (Si | | (Zip) | | | | | | | | | | | | filed by Moi | n One Repo | I | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | , | Transaction Disposed (Code (Instr. 5) | | ties Acquired (A) or d Of (D) (Instr. 3, 4 and | | Benefic | int of 6. C es For ally (D) Following (I) (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | , | Amount | (A) (D) | (A) or (D) Price | | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 05/23/2 | | | | | | /2022 | | | M | | 2,000 | ,000 A \$ | | \$52.3 | 7 28,559(1) | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 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 (I | | of E | | Exp | 5. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) (D) | | Dat Exe | | | xpiration ate | Title | or No | umber | | | | | |
| Stock Option (Right to Buy) | \$52.37 | 05/23/2022 | | | М | | | 2,000 | | (2) | 0 | 7/02/2030 | Common Stock | 2 | 2,000 | \$0.00 | 35,500 | 0 | D | |

Explanation of Responses:

- 1. Includes 209 shares of common stock acquired under the issuer's employee stock purchase plan in December 2021.
- 2. The stock option vested and became 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

05/25/2022

III-Fact

** 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.