FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	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

1. Name and Address of Reporting Person* Jones James B						2. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [PCRX]									ck all applic	able)	g Pers	on(s) to Issu 10% Ow Other (s	ner
(Last) (First) (Middle) C/O PACIRA PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/14/2017									below)		Medio	below)		
5 SYLVAN WAY, SUITE 300 (Street)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
PARSIPI		_	(7in)		-								_	filed by More than One Reporting					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da				saction	action 2A. Deemed Execution Date,		3. 4. Securit Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4		A) or	5. Amou Securitie Beneficia Owned F	nt of 6. O es Formally (D) (Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	ount (A) o		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 06/14/				4/201	/2017		A		7,500 ⁽¹⁾ A \$		\$0.00	17,313			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. Deemed Execution D if any (Month/Day/	Date,	4. Transa Code (i 8)		of		6. Date Exe Expiration (Month/Day	Date		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	or Nu of	ımber					
Stock Option (Right to	\$44.2	06/14/2017			A		15,000		(2)	0	6/14/2027	Commo Stock	1 15	5,000	\$0.00	15,000)	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. 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, Attorney-06/16/2017 in-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.