| SEC For | rm 4 | | | | | | | | | | | | | | | | | | |
|--|--|--|---|---|------------------------------|--|--|--------|--------------------------------|-------|----------------------|------------------------|--|--|--|--|--------------------|--|--|
| FORM 4 UNITE | | | | D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | OMB APPROVAL | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | | | to Sectior | n 16(a | a) of the s | Secur | NEFIC | _ | OMB Number: Estimated average hours per response | | | erage burden | 0.5 | | |
| 1. Name and Address of Reporting Person* <u>Manning Donald C.</u> | | | | | | | Name an BioSc | | | | Symbol PCRX] | (Ch | eck all applie Directo | able) r (give title | ing Person(s) to Issue 10% Own Other (sp below) | | ner | | |
| | (Last)(First)(Middle)C/O PACIRA BIOSCIENCES, INC.5 SYLVAN WAY, SUITE 300 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | hief Medical Officer | | | |
| (Street) PARSIPPANY NJ 07054 | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing Line) X Form filed by One Rep Form filed by More tha Person | | | | | | | | | | e Repo | orting Person | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ativ | e Se | curities | s Ac | quired | l, Di | sposed o | of, or | Ber | neficial | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ear) i | A. Deemed Execution Date, f any Month/Day/Year | | r) Code (Instr. 8) | | on Dispose rr. 5) | 5) (A) or | | r. 3, 4 and | Benefici | es Forr ally (D) o Following (I) (I d | | : Direct c r Indirect E str. 4) C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stack | | | | 06/09 | 2/202 | 1 | | | Code | • V | Amount 6.000 | _ | (D) A | Price | (Instr. 3 | (Instr. 3 and 4) 29,520 | | D | |
| | | | | | | | urition | 100 | | Dior | | sed of, or Benefici | | | | | | D | |
| | | | | | | | | | | | converti | | | | Owneu | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemee Execution I if any (Month/Day | Date, T | 1. Fransa Code (3) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | on Da | | of Secu ur) Underly | | J Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4) | e s Ily J | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$60.96 | 06/09/2021 | | | | | 15,000 | | (2) | | 06/09/2031 | Com Sto | | 15,000 | \$0.00 | 15,000 | | D | |

Explanation of Responses:

1. Represents restricted stock units that vest in four equal annual installments beginning on June 3, 2022, 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-06/11/2021 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.