Pacira Pharmaceuticals, Inc.

Form 4 May 28, 2014

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** Wicki Andreas | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|-------|--|--|--|--|--|
| | | Pacira Pharmaceuticals, Inc. [PCRX] | (Check all applicable) | | | |
| (Last) (First) (Mic | ddle) | 3. Date of Earliest Transaction | •• | | | |
| | | (Month/Day/Year) | X Director 10% Owner | | | |
| GOVERNORS SQUARE, SUI | TE | 05/27/2014 | Officer (give title Other (specify | | | |
| 4-212-2,, 23 LIME TREE BAY | Z . | | below) below) | | | |
| AVE. WEST BAY | | | | | | |
| (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| | | Filed(Month/Day/Year) | Applicable Line) | | | |

GRAND CAYMAN, E9 00000

X Form filed by One Reporting Person Form filed by More than One Reporting

| (City) | (State) | (Zip) Tak | ole I - Non- | Derivative | Secur | rities Acquir | red, Disposed of, | or Beneficial | y Owned |
|---------------------|--------------------------------------|-------------------------------|---|-------------------|-----------|----------------|-----------------------------------|----------------------------|-------------------------|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. 4. Securities Acquired (A) Transaction Disposed of (D) | | | | 5. Amount of Securities | 6. Ownership | 7. Nature of Indirect |
| (Instr. 3) | | any (Month/Day/Year) | Code (Instr. 8) | | | | Beneficially Owned | Form: Direct (D) | Beneficial Ownership |
| | | | | | (A) | | Following Reported Transaction(s) | or Indirect (I) (Instr. 4) | (Instr. 4) |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | (msu: 1) | |
| Common Stock | 05/27/2014 | | S | 64,400 (1) | D | \$ 77.9309 (2) | 1,531,307 | I | See footnote. |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Titl | e and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|-----------------|---------------|-------------|---------|----------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | onNumber | Expiration D | ate | Amou | nt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securi | ties | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. | 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | • | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | · |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | | or | | |
| | | | | | | Exercisable | Date | Title | Number | | |
| | | | | ~ | <i>(</i> 1) (5) | | | | of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Wicki Andreas

GOVERNORS SQUARE, SUITE 4-212-2, 23 LIME TREE BAY AVE. WEST BAY GRAND CAYMAN, E9 00000

X

Signatures

/s/ Mehdi Khodadad (Attorney-in-Fact)

05/28/2014

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by HBM Healthcare Investments (Cayman) Ltd.("HBM") on March 17,2014.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$77.80 to \$78.345, inclusive. Upon request, the reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the Securities and Exchange Commission, full information regarding the shares sold at each separate price within the ranges set forth in footnote two (2) of this Form 4.
 - The Board of Directors of HBM (the "HBM Board") has sole voting and investment power with respect to the securities held by such entity and acts by majority vote. The reporting person does not have sole voting or investment power over the securities held by HBM. However, the reporting person may be deemed to have beneficial ownership of these securities by virtue of his membership on the HBM
- (3) Board. The reporting person disclaims beneficial ownership of the securities reported herein for the purposes of Rule 16a-1 (a) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), except to the extent of his pecuniary interest herein, if any. This report on Form 4 shall not be deemed an admission that the rporting person is a beneficial owner for the purposes of Section 16 of the Exchange Act, or for any other purpose of Section 16 of the Exchange Act, or for any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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