Edgar Filing: Pacira Pharmaceuticals, Inc. - Form 4

Pacira Pharm Form 4 June 05, 2015	naceuticals, Inc. 5										
FORM									-	PPROVAL	
	UNITED	Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or	6.	STATEMENT OF CHANC				GES IN BENEFICIAL OWNERSHIP O SECURITIES				January 31, 2005 average irs per 0.5	
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, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									·		
(Print or Type R	Responses)										
1. Name and Address of Reporting Person * Kronenfeld Mark A.2. Issuer Name Symbol								5. Relationship of Reporting Person(s) to Issuer			
			Pharmaceuticals, Inc. [PCRX]				(Check all applicable)				
			3. Date of (Month/Da 06/03/20	-	ansaction			X Director Officer (give below)		6 Owner er (specify	
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
PARSIPPAN	NY, NJ 07054							_X_ Form filed by Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Dee (Month/Day/Year) Execution any (Month/		(Instr. 8) (Instr. 3, 4 and 5)			SecuritiesFBeneficially(OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	06/03/2015			А	2,000 (1)	А	\$0	3,850	D		
Damin dam D		- f1 1		··· 1 C	. 11	:	41	:			

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

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 control number.

 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 Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number out Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. H Dei Sec (In:
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 79.43	06/03/2015		А	4,000	(2)	06/03/2025	Common Stock	4,000	

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Kronenfeld Mark A. C/O PACIRA PHARMACEUTICALS, IN 5 SYLVAN WAY, SUITE 300 PARSIPPANY, NJ 07054	C. X						
Signatures							
/s/ James Scibetta, Attorney-in-Fact	6/05/2015						
**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).
- Represents restricted stock units that vest on the first anniversary of the grant date, provided that the reporting person remains in(1) continuous service with the issuer through the 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 on the first anniversary of the grant date, provided that the reporting person remains in continuous service with the issuer through the vesting date.

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.