Edgar Filing: Pacira Pharmaceuticals, Inc. - Form 4

Pacira Pharmaceuticals, Inc. Form 4 December 09, 2016

OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Jones James B Issuer Symbol Pacira Pharmaceuticals, Inc. [PCRX] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner Other (specify _X__Officer (give title C/O PACIRA 12/07/2016 below) below) PHARMACEUTICALS, INC., 5 SVP & Chief Medical Officer SYLVAN WAY, SUITE 300 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting PARSIPPANY, NJ 07054 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) any Code Disposed of (D) Beneficially (D) or Indirect Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securities	D

Edgar Filing: Pacira Pharmaceuticals, Inc. - Form 4

Security (Instr. 3)			ny Month/Day/Year)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 32.35	12/07/2016		A	10,000	<u>(1)</u>	12/07/2026	Common Stock	10,000
Repo	rting Ow	vners							
R	Reporting Owner Name / Address Director			Relationships			Other		
Jones James B C/O PACIRA PHARMACEUTICALS, IN 5 SYLVAN WAY, SUITE 300 PARSIPPANY, NJ 07054		INC.	SVP & Chief Medical Offi						
Signa	tures								
/s/ Kristen Williams, Attorney-in-Fact		12/09/2016							
<u>**</u> Signa	ature of Reporting I	Person	Date						
Expla	nation of	of Respon	ses:						

- * 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 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 (1) 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. 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.

S (.