Edgar Filing: Pacira Pharmaceuticals, Inc. - Form 4

| Pacira Pharma | aceuticals, Inc. | | | | | | | | | | |
|--|---|--|----------------------------------|---|---|---|---|---|--|--|--|
| Form 4 | 015 | | | | | | | | | | |
| August 19, 20 | | | | | | | OMB A | PPROVAL | | | |
| FORM | UNITED | | CHANGE 549 | COMMISSION | | 3235-0287 | | | | | |
| Check this if no longe subject to | er STATEN | STATEMENT OF CHANGES IN BENEFICIAL SECURITIES | | | | | Expires: Estimated | 0 | | | |
| Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b). | Filed pur Section 17(| | n 16(a) of th Utility Hol | ne Securiti ding Com | pany Act | nge Act of 1934, of 1935 or Sectic 940 | burden hor response | | | | |
| (Print or Type Ro | esponses) | | | | | | | | | | |
| 1. Name and Ad Jones James | ddress of Reporting B | Symbo | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Lest) | | | a Pharmace | <i>,</i> | с. [РСКЛ | .] (Che | ck all applicabl | le) | | | |
| (Last) | (First) (I | | e of Earliest T h/Day/Year) | ransaction | | Director | | % Owner | | | |
| | A EUTICALS, INO /AY, SUITE 300 | 08/17 C., 5 | 7/2015 | | | X Officer (giv below) | | her (specify | | | |
| | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| PARSIPPAN | NY, NJ 07054 | | | | | | More than One R | | | | |
| (City) | (State) | (Zip) T | able I - Non-J | Derivative S | Securities A | cquired, Disposed o | of, or Beneficia | ally Owned | | | |
| | 2. Transaction Date (Month/Day/Year) | | Code | | A) or of (D) and 5) (A) | Securities I Beneficially (Owned (| 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | Code V | | or (D) Price | (Instr. 3 and 4) | | | | | |
| Reminder: Repo | ort on a separate line | e for each class of s | ecurities bene | ficially own | ed directly c | or indirectly. | | | | | |
| | | | | informa require | ation conta ed to respo /s a currer | spond to the collec ained in this form ond unless the for ntly valid OMB cor | are not m | SEC 1474 (9-02) | | | |
| | Tab | | Securities Acq alls, warrants | | | Beneficially Owned securities) | | | | | |
| | | ansaction Date 3A. th/Day/Year) Exe | | 4. f Transact | 5. Numberivativ | | | 7. Title and Amount of Underlying Securities | | | |

Edgar Filing: Pacira Pharmaceuticals, Inc. - Form 4

| Security (Instr. 3) | | | ny Month/Day/Year) | Code (Instr. 8) | 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 |
| Employee Stock Option (Right to Buy) | \$ 61.9 | 08/17/2015 | | A | 40,000 | | <u>(1)</u> | 08/17/2025 | Common Stock | 40,000 |
| Report | ing Ow | ners | | | | | | | | |
| Reporting Owner Name / Address | | | D . | Relationships | | | | | | |
| Jones James B C/O PACIRA PHARMACEUTICALS, INC. 5 SYLVAN WAY, SUITE 300 PARSIPPANY, NJ 07054 | | | Director | 10% Owner | SVP & Chief Medical Officer | | | | | |
| Signat | ures | | | | | | | | | |
| /s/ Kristen Attorney-in | | | 08/19/2015 | | | | | | | |
| | re of Reporting Pe | | 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 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.