Edgar Filing: Pacira Pharmaceuticals, Inc. - Form 4

Pacira Pharm Form 4 June 17, 2010	naceuticals, Inc. 6										
FORM	1								OMB APPROVAL		
	UNITED	Washington, D.C. 20549						COMMISSION	OMB Number:	3235-028	37
Check thi if no long subject to Section 10 Form 4 or	er STATE 6.	STATEMENT OF CHANC				GES IN BENEFICIAL OWNERSE SECURITIES				January 3 200 average irs per	
Form 5 obligatior may conti <i>See</i> Instru 1(b).	Filed put sinue. Section 17	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							response	U	.5
(Print or Type R	Responses)										
Williams Kristen Marie Symbol				er Name and Ticker or Trading Pharmaceuticals, Inc. [PCRX]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) ((Middle)	3. Date of Earliest Transaction				-	(Check all applicable)			
(Mont				onth/Day/Year) /15/2016				Director 10% Owner X Officer (give title Other (specify below) below) below) CAO and General Counsel			
(Street) 4. If A			4. If Amer	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(M PARSIPPANY, NJ 07054				d(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Executio (Instr. 3) any						SecuritiesHBeneficially(OwnedH	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	06/15/2016			А	8,750 (1)	A	\$0	15,650	D		
Damin dam D		- f1 1	£	:4: h C		:	41	: 1:(1			

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)	ative Conversion (Month/Day/Year) ity or Exercise		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerce Expiration D (Month/Day/	Date	7. Title and A Underlying S (Instr. 3 and	Securities D		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Stock Option (Right to Buy)	\$ 40.34	06/15/2016		А	17,500	(2)	06/15/2026	Common Stock	17,500		
Reporting Owners											
Reporting Owner Name / Address					Relations	hips					
Directo			Director	10% Own	er Officer		Oth	Other			
Williams Kristen Marie C/O PACIRA PHARMACEUTICALS, INC. 5 SYLVAN WAY, SUITE 300 PARSIPPANY, NJ 07054					CAO and General Counsel						
Signa	tures										
/s/ Kriste Williams	n	06/17/201	.6								

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<u>**</u>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 in four equal annual installments beginning on June 3, 2017, provided that the reporting person

(1) 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.

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
 (2) 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.