Edgar Filing: Jones James B - Form 4

Jones James	s B										
Form 4 November 2	20 2017										
									OMB AF	PPROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check th if no lon subject t Section Form 4 c	iger STATE 16. or	ox STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 1	(20) (h) of the Investment (Commenty A at at 10/1)									
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Jones James B			2. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [PCRX]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		of Earliest 7		-		(Check	all applicable	;)	
	RA CEUTICALS, II WAY, SUITE 3		(Month/I 11/20/2	Day/Year) 2017				Director X_ Officer (give below) SVP & Ch		Owner er (specify fficer	
			nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
PARSIPPA	NY, NJ 07054							Form filed by O Form filed by Me Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivativ	e Secu	rities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	c) Execution any	1			(D)	Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock	11/20/2017			S	850	D	\$ 41.1088	16,823 <u>(1)</u>	D		
-											

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Title Amoun Underly Securit (Instr. 3	nt of ying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title I	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Jones James B C/O PACIRA PHARMACEUTICALS, IN 5 SYLVAN WAY, SUITE 300 PARSIPPANY, NJ 07054	C.		SVP & Chief Medical Officer					
Signatures								
/s/ Kristen Williams, Attorney-in-Fact	11/20/2017							
**Signature of Reporting Person	Date							
Evalenction of Decrease								

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).
- (1) Includes 360 shares of common stock acquired under the issuer's employee stock purchase plan in June 2017.

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.