

Pacira Pharmaceuticals, Inc.
 Form 3
 October 14, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â Williams Kristen Marie</p> <p>(Last) (First) (Middle)</p> <p>C/O PACIRA PHARMACEUTICALS, INC.,Â 5 SYLVAN WAY, SUITE 300</p> <p>(Street)</p> <p>PARSIPPANY,Â NJÂ 07054</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>10/06/2014</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Pacira Pharmaceuticals, Inc. [PCRX]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) CAO and General Counsel</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	Â (1)	10/19/2021	Common Stock	3,125	\$ 9.25	D	Â
Stock Option (Right to Buy)	Â (1)	03/02/2022	Common Stock	5,937	\$ 10.52	D	Â
Stock Option (Right to Buy)	Â (1)	06/05/2022	Common Stock	11,979	\$ 10.81	D	Â
Stock Option (Right to Buy)	Â (1)	03/05/2023	Common Stock	10,000	\$ 25.37	D	Â
Stock Option (Right to Buy)	Â (2)	06/03/2024	Common Stock	40,000	\$ 81	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Williams Kristen Marie C/O PACIRA PHARMACEUTICALS, INC. 5 SYLVAN WAY, SUITE 300 PARSIPPANY, NJ 07054	Â	Â	Â CAO and General Counsel	Â

Signatures

/s/ Kristen Williams 10/14/2014

**Signature of Reporting Person Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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 as to the remaining option shares in successive equal monthly installments over the subsequent three years, provided that the reporting person remains in continuous service with the issuer as of each vesting date.

The stock option vests and becomes exercisable as to 25% of the option shares on the first anniversary of the grant date, and as to the remaining option 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.