Pacira Pharmaceuticals, Inc.

Form 3

April 18, 2016

# FORM 3

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

**OMB APPROVAL** 

**OMB** Number:

3235-0104

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

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)

1. Name and Address of Reporting Person \*

Weiland Robert J.

(Last) (First) (Middle)

Statement (Month/Day/Year)

04/11/2016

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [PCRX]

4. Relationship of Reporting

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O PACIRA PHARMACEUTICALS, INC., Â 5 SYLVAN WAY, **SUITE 300** 

(Street)

(Check all applicable)

10% Owner Director \_X\_\_ Officer Other (give title below) (specify below)

6. Individual or Joint/Group Chief Commercial Officer

PARSIPPANY, NJÂ 07054

Filing(Check Applicable Line) \_X\_ Form filed by One Reporting Person

Form filed by More than One

Reporting Person

(State)

1. Title of Security (Instr. 4)

(City)

(Zip)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial Ownership

(Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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. 5. Ownership Conversion or Exercise Form of Price of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Derivative Derivative Security:

## Edgar Filing: Pacira Pharmaceuticals, Inc. - Form 3

Date Expiration Title Amount or Security
Exercisable Date Number of
Shares

or Indirect (I) (Instr. 5)

Direct (D)

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Weiland Robert J.

C/O PACIRA PHARMACEUTICALS, INC. 5 SYLVAN WAY, SUITE 300 PARSIPPANY, NJÂ 07054

 $\hat{A}$   $\hat{A}$   $\hat{A}$  Chief Commercial Officer  $\hat{A}$ 

**Signatures** 

/s/ Kristen Williams,
Attorney-in-Fact
04/18/2016

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

No securities are beneficially owned

- \* 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).

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.

Reporting Owners 2