Edgar Filing: Reinhart Charles A. III - Form 4

Reinhart Char Form 4	rles A. III										
June 15, 2018 FORM	Л	D STATES	STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20540							OMB APPROVAL OMB 3235-0287 Number: January 31, 2005 Estimated average burden hours per response 0.5	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	er STATE 5. Filed p ^s Section 1	STATEMENT OF CHANGES IN 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							Expires: Estimated a burden hou response		
(Print or Type R	esponses)										
Reinhart Charles A. III S			2. Issuer Name and Ticker or Trading Symbol Pacira Pharmaceuticals, Inc. [PCRX]				-	5. Relationship of Reporting Person(s) to Issuer			
(3. Date of Earliest Transaction (Month/Day/Year) 06/13/2018					(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Chief Financial Officer			
				ndment, Date Original th/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	any		on Date, if	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	06/13/2018			Code V A	Amount 5,000 (1)	(A) or (D) A	Price \$ 0	Transaction(s) (Instr. 3 and 4) 13,042	D		
Reminder: Repo	ort on a separate li	ine for each cl	ass of secur	ities benefi	cially own	ed dire	ectly 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)

Edgar Filing: Reinhart Charles A. III - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 38.35	06/13/2018		А	30,000	(2)	06/13/2028	Common Stock	30,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Reinhart Charles A. III C/O PACIRA PHARMACEUTICALS, INC. 5 SYLVAN WAY, SUITE 300 PARSIPPANY, NJ 07054			Chief Financial Officer			
Cignoturoo						

06/15/2018

Signatures

/s/ Kristen Williams, Attorney-in-Fact

**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, 2019, 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.

L S