FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>SLONIN JONATHAN</u>						2. Issuer Name and Ticker or Trading Symbol Pacira BioSciences, Inc. [PCRX]									k all app Direc	licable) tor	r 10% (vner
(Last) C/O PAC	ast) (First) (Middle) /O PACIRA BIOSCIENCES, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/11/2024								V	Officer (give title below) Chief Medical Officer				
5401 WEST KENNEDY BOULEVARD, SUITE 890					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)	Form filed by One Reporting Person					
(Street)					Form filed by More than One Reporting Person												orting		
TAMPA	TAMPA FL 33609				Rul	Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. 5)		ired (A nstr. 3,) or 4 and	Securit Benefic Owned	Securities Beneficially		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)			(111341. 4)
Common Stock 06/11/2					2024	024 06/1		11/2024			5,012(1)	D	\$	28.57	44,5	44,569.475		D	
Common Stock 06/12/2					024				A		54,300(2)	A		\$ <mark>0</mark>	98,869.475			D	
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)	2. Conversion Onte (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date if any (Month/Day/Year)			tion Date,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Amor or Numl of Title Share		ber					

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted by the reporting person in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934
- 2. Represents restricted stock units that vest in four equal annual installments beginning on June 3, 2025, provided that the reporting person 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.

Remarks:

/s/ Kristen Williams, Attorney-in-Fact 06/13/2024

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.