Instruction 1(b).

FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* RIKER LAUREN | | | | 2. Issuer Name and Ticker or Trading Symbol Pacira BioSciences, Inc. [PCRX] | | | | | | | | (Chec | k all app Direc | ip of Reporting plicable) ctor cer (give title | | son(s) to Is 10% Ov Other (s | wner | | |
|--|--|---------------|---|---|---|---------------------------------------|--|-----|--|---|--------------------|------------------------|---|---|---|--|--|---|------------|
| (Last) | (Fir | st) (M | /liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024 | | | | | | | | V | below) Senior Vice Presi | | | below) | · | |
| 5401 WEST KENNEDY BOULEVARD, SUITE 890 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) | , | | | | | | |
| (Street) | FL | FL 33609 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (Sta | (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. | | | | | | | | | | | ided to | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | enefi | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | y/Year) Execu | | Deemed cution Date, ry nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3 5) | | | ired (A) nstr. 3, 4 | or and | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) c (D) | Prio | е | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 06/03/2 | | | | | 2024 | | | | F ⁽¹⁾ | | 1,843 | D | \$3 | 0.89 | 20,6 | 685.335 | | 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) | rative Conversion Date Execution Date, if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | tive derivative ty Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | r | | | | | |

Explanation of Responses:

1. Represents shares withheld by the issuer to cover tax withholding obligations upon vesting of a restricted stock unit award.

Remarks:

/s/ Kristen Williams, Attorney-in-Fact

** Signature of Reporting Person Date

06/05/2024

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.