

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

OMB APPROVAL
OMB Number: 3235-0076
Expires: June 30, 2012
Estimated Average burden hours per response: 4.0

1. Issuer's Identity		
CIK (Filer ID Number)	Previous Name(s) None	Entity Type
0001427925	Surx, Inc.	© Corporation
Name of Issuer		C Limited Partnership
ACELRX PHARMACEUTICALS INC		C Limited Liability Company
Jurisdiction of		C General Partnership
Incorporation/Organization	1	C Business Trust
DELAWARE		C Other
Year of Incorporation/Organiza	tion	0.1.0.
Over Five Years Ago		
C Within Last Five Years (Specify Year)		
C Yet to Be Formed		
2. Principal Place of Bus	iness and Contact Information	ation
Name of Issuer		
ACELRX PHARMACEUTICALS INC	;	
Street Address 1	Street Address 2	
575 CHESAPEAKE DRIVE		
City	ate/Province/Country ZIP/Postal Co	de Phone No. of Issuer
REDWOOD CITY	A 94063	650-216-3500
3. Related Persons		
3. Related Persons Last Name	First Name	Middle Name
	First Name Thomas	Middle Name
Last Name		
Last Name Schreck	Thomas Street Address 2	A
Last Name Schreck Street Address 1	Street Address 2 Inc. 575 Chesapeake I	A
Last Name Schreck Street Address 1 c/o AceIRx Pharmaceuticals,	Street Address 2 Inc. 575 Chesapeake I	A
Last Name Schreck Street Address 1 c/o AceIRx Pharmaceuticals, City Redwood City	Street Address 2 Inc. 575 Chesapeake I	Drive ZIP/Postal Code
Last Name Schreck Street Address 1 c/o AceIRx Pharmaceuticals, City Redwood City	Street Address 2 Inc. State/Province/Country CA tive Officer Director	Drive ZIP/Postal Code 94063
Last Name Schreck Street Address 1 c/o AcelRx Pharmaceuticals, City Redwood City Relationship:	Street Address 2 Inc. State/Province/Country CA tive Officer Director	Drive ZIP/Postal Code 94063
Last Name Schreck Street Address 1 c/o AcelRx Pharmaceuticals, City Redwood City Relationship:	Street Address 2 Inc. State/Province/Country CA tive Officer Director	Drive ZIP/Postal Code 94063
Last Name Schreck Street Address 1 c/o AcelRx Pharmaceuticals, City Redwood City Relationship: Execution of Response (if Necessal	Street Address 2 Inc. State/Province/Country CA tive Officer Director ry)	A Drive ZIP/Postal Code 94063 Promoter
Last Name Schreck Street Address 1 c/o AcelRx Pharmaceuticals, City Redwood City Relationship:	Street Address 2 Inc. State/Province/Country CA tive Officer Director ry)	Drive ZIP/Postal Code 94063
Last Name Schreck Street Address 1 c/o AcelRx Pharmaceuticals, City Redwood City Relationship: Execu Clarification of Response (if Necessal	Street Address 2 Inc. State/Province/Country CA tive Officer Director ry)	A Drive ZIP/Postal Code 94063 Promoter
Last Name Schreck Street Address 1 c/o AcelRx Pharmaceuticals, City Redwood City Relationship: Execu Clarification of Response (if Necessal	Street Address 2 Inc. State/Province/Country CA tive Officer Director ry) First Name Pamela Street Address 2	A Drive ZIP/Postal Code 94063 Promoter Middle Name

Redwood City		CA		94063	
.	-		Discotor.		
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Respons	e (if Necessa	ry)			
Last Name		First Name		Middle Name	
King		Carter]	
Street Address 1			Street Address	2	
c/o AcelRx Pharma	ceuticals,	Inc.	575 Chesapeak	e Drive	
City		State/Province/	Country	ZIP/Postal Code	
Redwood City		CA		94063	
	_		E 5:	E -	
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Respons	e (if Necessa	ry)			
Last Name		First Name		Middle Name	
Hamel		Larry			
Street Address 1			Street Address	2	
c/o AcelRx Pharma	ceuticals,	Inc.	575 Chesapeak	e Drive	
City		State/Province/	Country	ZIP/Postal Code	
Redwood City		CA		94063	
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Respons	e (if Necessa	ry)			
					_
Last Name		First Name		Middle Name	
Dasu		Anil]	
Street Address 1			Street Address	2	
c/o AcelRx Pharma	ceuticals,	Inc.	575 Chesapeak	e Drive	
City		State/Province/	Country	ZIP/Postal Code	
Redwood City		CA		94063	
			F 5: .		1
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Respons	e (if Necessa	ry)			
Last Name		First Name		Middle Name	
Judge		Linda		1	
Street Address 1			Street Address	⊒ 2	
c/o AcelRx Pharma	ceuticals,	Inc.	575 Chesapeak	e Drive	
City	<u></u>	State/Province/	Country	ZIP/Postal Code	
r		1		-1 In-	

Redwood City	y CA 94063		94063		
Palatianahin.	EZ Evee	ıtive Officer	Director	Promoter	
Relationship:	Execu	Itive Officer	Director	Promoter	
Clarification of Response	e (if Necessa	ary)			
Last Name		First Name		Middle Name	
Weeks		Mark		В	
Street Address 1			Street Address 2	2	
c/o Cooley Godwar	d Kronish	LLP	5 Palo Alto Squ	are, 3000 El Camino Real	
City		State/Province/	Country	ZIP/Postal Code	
Palo Alto		CA		94304	
D-1-4:		ıtive Officer	Director	<u> </u>	
Relationship:	Exect	itive Officer	Director	Promoter	
Clarification of Response	e (if Necessa	iry)			
					_
Last Name		First Name		Middle Name	
Rosen		Howie			
Street Address 1			Street Address 2	2	
c/o AcelRx Pharma	ceuticals,	Inc.	575 Chesapeak	e Drive	
City		State/Province/	Country	ZIP/Postal Code	
Redwood City		СА		94063	
	_		E 5:		
Relationship:	Exect	itive Officer	Director	Promoter	
Clarification of Response	e (if Necessa	iry)			
Last Name		First Name		Middle Name	
Nohra		Guy			
Street Address 1			Street Address 2	2	_
c/o Alta Partners			One Embarcade	ero Center, 37th Floor	
City		State/Province/	Country	ZIP/Postal Code	
San Francisco		CA		94111	
Relationship:	T 5	ıtive Officer	▽ Director	Promoter	1
Relationship:	Exect	itive Officer	Director	Promoter	
Clarification of Response	e (if Necessa	iry)			
Last Name		First Name		Middle Name	
Sullivan		Steve			
Street Address 1			Street Address 2		
c/o Skyline Venture	Partners		525 University	Avenue, #520	
City		State/Province/	Country	ZIP/Postal Code	
	-	11-		11-	

Palo Alto	CA	94301		
Relationship: Execu	tive Officer	Director	Promoter	
Clarification of Response (if Necessa	ry)			
Last Name	First Name		Middle Name	
Wan	Mark			
Street Address 1		Street Address	2	
c/o Three Arch Partners		3200 Alpine R	pad	
City	State/Province/C	Country	ZIP/Postal Code	
Portola Valley	CA		94028	
Relationship: Execu	tive Officer	☑ Director	Promoter	
Clarification of Response (if Necessa	ry)			
Statification of Response (if Necessa	1 y)			
4. Industry Group				
C Agriculture	Health Care		C Retailing	
Banking & Financial Services	C Biotechr	nology	C Restaurants	
C Commercial Banking	C Health II	nsurance		
C Insurance	C Hospitals & Physicians		Technology	
C Investing	Pharmaceuticals		C Computers	
C Investment Banking	C Other He	ealth Care	C Telecommunications	
C Pooled Investment Fund			C Other Technology	
Other Banking & Financial			Travel	
C Services			C Airlines & Airports	
O Business Services	C Manufactur	ring	C Lodging & Conventions	
Energy	Real Estate		C Tourism & Travel Services	
C Coal Mining	C Comme		C Other Travel	
C Electric Utilities	C Construc		C Other	
C Energy Conservation	C REITS 8		Other	
C Environmental Services	C Residen			
C Oil & Gas	C Other Re	eal Estate		
C Other Energy				
5. Issuer Size				
Revenue Range		Aggregate Net	Asset Value Range	
C No Revenues		7040	ate Net Asset Value	
C \$1 - \$1,000,000		C \$1 - \$5,000,0	00	
\$1,000,001 - \$5,000,000		\$5,000,001 -	\$25,000,000	
\$5,000,001 - \$25,000,000		C \$25,000,001	- \$50,000,000	
\$25,000,001 - \$100,000,000		\$50,000,001	\$100,000,000	
Over \$100,000,000		Over \$100,00	00,000	
Decline to Disclose		C Decline to D	Disclose	
Not Applicable		C Not Applica	able	

6. Federal Exemption(s) a	nd Exclusion(s) Claimed (select all that apply)				
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505				
Rule 504 (b)(1)(i)	Rule 506				
Rule 504 (b)(1)(ii)	Securities Act Section 4(6)				
Rule 504 (b)(1)(iii)	Investment Company Act Section 3(c)				
7. Type of Filing					
New Notice Date of First Sale	2009-11-23 First Sale Yet to Occur				
Amendment					
8. Duration of Offering					
Does the Issuer intend this offering to las	st more than one year?				
O. T. () (O.) (O.)					
	fered (select all that apply)				
Pooled Investment Fund Interests	Equity				
☐ Tenant-in-Common Securities ☐	Debt Option Warrent or Other Bight to				
Mineral Property Securities	Option, Warrant or Other Right to Acquire Another Security				
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Other (describe)				
10. Business Combination	Transaction				
Is this offering being made in connection combination transaction, such as a merg exchange offer?					
Clarification of Response (if Necessary)					
11. Minimum Investment					
Minimum investment accepted from any	y \$ 0 USD				
outside investor	035				
12. Sales Compensation					
Recipient	Recipient CRD Number None				
(Associated) Broker or Dealer	None (Associated) Broker or Dealer CRD None Number				
Street Address 1	Street Address 2				
City	State/Province/Country ZIP/Postal Code				
State(s) of Solicitation	☐ All States				
13. Offering and Sales Am	ounts				
Total Offering Amount \$ 3000000	USD Indefinite				
Total Amount Sold \$ 14814106	USD				

Total Remaining to be \$ 15185894 USD Indefinite
Clarification of Response (if Necessary)
14. Investors
Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering
Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:
15. Sales Commissions & Finders' Fees Expenses
Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.
Sales Commissions \$ 0 USD Estimate
Finders' Fees \$ 0 USD Estimate
Clarification of Response (if Necessary)
16. Use of Proceeds
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.
\$ 0 USD Estimate
Clarification of Response (if Necessary)
The proceeds will be used for general corporate purposes.
Signature and Submission
Please verify the information you have entered and review the Terms of Submission

below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that the Issuer is not disqualified from relying on any Regulation D exemption it has

identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	S	Signature		ame of Signer	Title	Date
ACELRX PHARMACEUTIC INC	ALS	/s/ Mark B. Weeks		Mark B. Weeks	Secretary	2009-11-24