FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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*  HOFFMAN STEPHEN J						2. Issuer Name and Ticker or Trading Symbol ACELRX PHARMACEUTICALS INC [ ACRX ]								neck all appl	cable) or	g Pers	on(s) to Issu	ner		
(Last) (First) (Middle) C/O ACELRX PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 10/10/2023									Officer (give title below)		Other (s below)	респу		
1850 GATEWAY DRIVE, SUITE 175						4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Individual or Joint/Group Filing (Check Applicable .ine)  X Form filed by One Reporting Person						
(Street) SAN MATEO CA 94404													Form filed by More than One Reporting Person							
(City) (State) (Zip)					R	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to														
									e defense co						on or written	pian in	at is interioed	10		
			le I - Nor						<del>-</del>	Dis										
1. Title of Security (Instr. 3) 2. Transa Date (Month/D							2A. Deemed Execution Date, if any (Month/Day/Year)		, Transa Code (	Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Benefic	es ially Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o	Price	Transa (Instr. 3	ction(s)			msu. 4)		
Common Stock <sup>(1)</sup> 10/10/						/2023			A		581(2	581 <sup>(2)</sup> A		00 2,	2,418(3)		D			
		-	Table II -						uired, D s, option					/ Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (Ins				6. Date Exercisable Expiration Date (Month/Day/Year)			le and 7. Title and Amount of Securities Underlying Derivative St (Instr. 3 and		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares	1						
Stock Option (Right to	\$0.684	10/10/2023			A		3,487		10/10/2024	(4)	10/10/2033	Common Stock	3,487	\$0.00	3,487	,	D			

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 2. 100% of the restricted stock units shall vest on the first anniversary of the grant date, subject to Reporting Person's continuous service to the Company.
- 3. Effective on October 25, 2022, the issuer effected a 20 to 1 reverse stock split of its common stock (the "Reverse Stock Split"). The amount of securities reported on this Form 4 have been adjusted to reflect the Reverse Stock Split.
- 4. 100% of the option shares subject to the option shall vest on the first anniversary of the grant date, subject to Reporting Person's continuous service to the Company.

## Remarks:

/s/ Martha Adler, Attorney-In-**Fact** 

\*\* Signature of Reporting Person

12/13/2023

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.