FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

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mondo				1 110								npany Act		1304						
	nd Address o	f Reporting Person*					Name a					ymbol ICALS	SINC	Ī		lationship o		g Pers	on(s) to Issi	ıer
broaur	OOL JIII IV	<u>rarie</u>				CRX								_	X	Directo	r		10% Ov	·
(Last)	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								1	Officer below)	(give title		Other (s below)	pecify	
C/O ACI	ELRX PHA	ARMACEUTICA	ALS, INC.		10/	10/2	023													
1850 GATEWAY DRIVE, SUITE 175				4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															X		•	•	rting Persor	- 1
SAN MA	ATEO C	^C A	94404			Form filed by More than One Reporting Person										ting				
(City)	(5	State)	(Zip)		Rı	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	ole I - Nor	า-Deriv	ative	e Se	curitie	s Ad	cqui	ired, C	isp	osed o	f, or B	enefi	icially	/ Owned				
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L				Execution Day/Year) if any		cution Date,		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4				es ally following	Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or P	rice	Reported Transact (Instr. 3 a	ction(s)			(Instr. 4)	
Common Stock ⁽¹⁾ 10/10)/2023				A		581 ⁽²⁾ A			\$0.00	2,106 ⁽³⁾			D		
		-	Table II -									sed of, onvertil				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 Da if any (Month/Day/Y	ate, Transa Code					6. Date Exercisable ar Expiration Date (Month/Day/Year)				7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and		urity	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly O	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	e rcisable		xpiration ate	Title	or Nui of	mber ares					
Stock Option (Right to	\$0.684	10/10/2023			Α		3,487		10/1	0/2024 ⁽⁴	1	0/10/2033	Common	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:

Buy)

/s/ Martha Adler, Attorney-In-12/13/2023 **Fact**

** 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.