Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
to Section 16. Form 4 or Form 5	
obligations may continue. See	

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

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* Angotti Vincent J.					2. Issuer Name and Ticker or Trading Symbol ACELRX PHARMACEUTICALS INC									(Cl	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Angotti vincent 3.					ACRX]									X Dir	ector		10% Ov	vner		
(Last)	(Fii	rst) (N	/liddle)		X Officer (give title Other (specify below) below)											specify				
C/O ACELRX PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year)							1	Chief Executive Officer						
351 GALVESTON DRIVE			02/11/2021																	
													-							
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
REDWO	OOD CA	, 9	4063												X Form filed by One Reporting Person					
CITY	G2		1005												Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Ľip)			Feisui														
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or	Bene	eficia	ally Ow	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execu ly/Year) if any		Deemed cution Date, ly nth/Day/Year)		Transaction Disposed C Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3,			d Secu Bend Own	nount of irities eficially ed Following orted	Forn (D) o	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
	Code	v	Amount	(A (D					() or ()	Price	Tran	saction(s) r. 3 and 4)			(Instr. 4)					
Common Stock 02/11/2					2021				F 23,0		23,052(1)	D	\$2.6	3 4	27,887 ⁽²⁾		D		
		Tal									osed of,					ed				
				(e.g., pu	its, ca	alis, v	varra	ants,	optio	ns, c	onvertib	le se	ecuri	ties)		1			1	
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) 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)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)			8. Price of Derivativ Security (Instr. 5)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nun of	ount nber res						

Explanation of Responses:

- 1. Represents shares surrendered to the Issuer by the Reporting Person to pay required tax withholdings due to the vesting of RSUs.
- 2. Includes previously reported shares of common stock underlying RSUs granted to the Reporting Person, which are subject to certain vesting conditions.

Remarks:

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

02/12/2021

** 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.