FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | 01 0 | Jeone | // JO(11) | OI tile | iiivestiiie | 00 | inpully Act | 01 10- | | | | | | | | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|--------------|----------------------------------------------------------|--------------------------------------------------------------------------|-----------|-------------------------------------|--------------------------------|-------------------------------------------|----------------------|---------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| 1. Name and Address of Reporting Person* ASADORIAN RAFFI | | | | | | 2. Issuer Name and Ticker or Trading Symbol ACELRX PHARMACEUTICALS INC [| | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| ASADORIAN RAFFI | | | | AC | ACRX] | | | | | | | | | | | irector fficer (give title | | 10% Owner Other (specify | | | |
| (Last) | (Fir | rst) (| Middle) | | | | | | | | | | | | Λ | belov | v) `` | | below) | . , , | |
| C/O ACELRX PHARMACEUTICALS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Chief Financial Officer | | | | | | |
| 351 GALVESTON DRIVE | | | | 02/ | 02/28/2019 | | | | | | | | | | | | | | | | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| REDWOOD CA 94063 | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | |
| CITY | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | ı-Deriv | ative | Sec | curitie | s Ac | quired | , Dis | posed o | f, or | Ben | eficia | ally O | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Se Be Ov | | 5. Amount of Securities Beneficially Owned Following Reported | | ership Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | · v | Amount | (| (A) or (D) | Price | _ т | ransa | ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/28/ | | | | /2019 | | | | P | | 3,647 | 7 A | | \$2. | 81 124,397(1) | | 4,397 ⁽¹⁾ | I |) | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Ow | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | Date, | Date, Transactio Code (Inst | | | | 6. Date Expirati (Month) | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivat Securit (Instr. 5 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ow For Dire or I (I) (| 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 | or Nur of | ount nber ıres | | | | | | | |

Explanation of Responses:

1. Balance includes non-reportable acquisition of 3,647 shares of Common Stock through the Company's Employee Stock Purchase Plan.

Remarks:

/s/ Martha Adler, Attorney-In-

03/04/2019

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.