FORM D		
Notice of Exempt	UNITED STATES SECURITIES	OMB Nur
Offering of Securities	AND EXCHANGE COMMISSION	Expires:
	Washington, D.C.	Estimate per resp

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 Ty	/pe
0001427925	Surx, Inc.		• Cor	poration
Name of Issuer			0	nited Partnership
ACELRX PHARMACEUTICALS			C Lim	ited Liability Company
Jurisdiction of	_		O Gen	eral Partnership
Incorporation/Organization			C Bus	iness Trust
			O Othe	er
Year of Incorporation/Organia	zation		<u> </u>	
Over Five Years Ago				
O Within Last Five Years (Specify Year)				
C Yet to Be Formed				
2. Principal Place of Bu	usiness and Co	ontact Inform	ation	
Name of Issuer				
ACELRX PHARMACEUTICALS IN	NC			
Street Address 1		Street Address 2		
575 CHESAPEAKE DRIVE				1
City	State/Province/Count	ry ZIP/Postal C	ode	Phone No. of Issuer
REDWOOD CITY	CALIFORNIA	94063		650-216-3500

3. Related Persons

Last Name	First Name		Middle Name
King	Richard		
Street Address 1		Street Address 2	-
c/o AcelRx Pharmaceuticals,	Inc.	575 Chesapeake	Drive
City	State/Province/Cou	ntry	ZIP/Postal Code
Redwood City	CALIFORNIA		94063
Relationship: Execu	tive Officer	Director	Promoter
Clarification of Response (if Necessa	ry)		
E			
Last Name	First Name		Middle Name
Palmer	Pamela		
Street Address 1		Street Address 2	
c/o AcelRx Pharmaceuticals, Inc.		575 Chesapeake	Drive
City	State/Province/Cou	ntry	ZIP/Postal Code
(m	1.		

Redwood City		CALIFORNIA		94063	
Relationship:	Execu	tive Officer	Director	1	Promoter
Clarification of Respons	e (if Necessa	ry)			
Last Name		First Name		Middle N	ame
King		Carter			
Street Address 1			Street Address	2	
c/o AcelRx Pharma	ceuticals,	Inc.	575 Chesapeak	e Drive	
City		State/Province/	Country	ZIP/Posta	l Code
Redwood City		CALIFORNIA		94063	
Relationship:	Execu	tive Officer	Director	1	Promoter
Clarification of Respons	e (if Necessa	ry)			
<u></u>					
Last Name		First Name		Middle N	ame
Hamel		Larry			
Street Address 1			Street Address	2	
c/o AcelRx Pharma	ceuticals,	Inc.	575 Chesapeak	ke Drive	
City		State/Province/	Country	ZIP/Posta	Code
Redwood City		CALIFORNIA		94063	
Γ					
Relationship:	Execu	tive Officer	Director	3	Promoter
Clarification of Respons	e (if Necessa	ry)			
1					
Last Name		First Name		Middle N	ame
Dasu		Anil			
Street Address 1			Street Address	2	
c/o AcelRx Pharma	ceuticals,	Inc.	575 Chesapeak	ke Drive	
City		State/Province/	Country	ZIP/Posta	Code
Redwood City		CALIFORNIA		94063	
					
Relationship:	Execu	tive Officer	Director	1	Promoter
Clarification of Respons	e (if Necessa	ry)			
Last Name		First Name		Middle N	ame
Judge		Linda		7	-
Street Address 1			Street Address	2	
c/o AcelRx Pharma	ceuticals,	Inc.	575 Chesapeak	e Drive	
City		State/Province/	Country	ZIP/Posta	Code

Redwood City	CALIFOR	NIA	94063	
Relationship:	Executive Officer	Director	Promoter	
Clarification of Respons	e (if Necessary)	I	IL	
E				
Last Name	First Name		Middle Name	
Rosen	Howie			
Street Address 1		Street Addres	ss 2	1
c/o AcelRx Pharma		575 Chesape		
City		nce/Country	ZIP/Postal Code]
Redwood City	CALIFOR	NIA	94063	
Relationship:	Executive Officer	Director	Promoter	
Clarification of Respons	e (if Necessary)		<u> </u>	
Last Name	First Name		Middle Name	
Nohra	Guy			
Street Address 1	,	Street Addres	is 2	
c/o Alta Partners		One Embarc	adero Center, 37th Floor	
City	State/Provi	nce/Country	ZIP/Postal Code	
San Francisco	CALIFOR	NIA	94111	
Relationship:	Executive Officer	Director	Promoter	
	- (16 N	(Press)	P	
Clarification of Respons	e (If Necessary)			
Last Name	First Name		Middle Name	
Hoffman	Stephen			
Street Address 1	ı p	Street Addres	ss 2	
c/o Skyline Venture	e Partners	525 Universi	ty Avenue, #520	
City	State/Provi	nce/Country	ZIP/Postal Code	
Palo Alto	CALIFOR	NIA	94301	
Relationship:	Executive Officer	Director	Promoter]
		<u>IE</u> Director		
Clarification of Respons	e (if Necessary)			
Last Name	First Name		Middle Name	
Wan	Mark	04		
Street Address 1	tnors	Street Addres		
City		nce/Country	ZIP/Postal Code]
	State/110VI			

Portola Valley	CALIFORNIA 94028		94028			
Relationship:	Executive Officer	Director	Promoter			
Clarification of Response (if Necessary)						
Last Name	First Name		Middle Name			
Schreck	Schreck]			
Street Address 1		Street Address	2			
c/o AcelRx Pharmaceut	icals, Inc.	575 Chesapeak	e Drive			
City	State/Province	/Country	ZIP/Postal Code			
Redwood City	CALIFORNIA		94063			
	-					
Relationship:	Executive Officer	Director	Promoter			
Clarification of Response (if Necessary)						
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4. Industry Group

C Agriculture

- **Banking & Financial Services**
- C Commercial Banking
- C Insurance
- C Investing
- C Investment Banking
- C Pooled Investment Fund
- **Other Banking & Financial** C Services

C Business Services

- Energy
- C Coal Mining
- C Electric Utilities
- C Energy Conservation
- C Environmental Services
- C Oil & Gas
- C Other Energy

5. Issuer Size

Revenue Range

- C No Revenues
- \$1 \$1,000,000
- \$1,000,001 \$5,000,000 0
- \$5,000,001 \$25,000,000 C
- \$25,000,001 \$100,000,000
- 0 Over \$100.000.000
- Decline to Disclose
- C Not Applicable

Health Care C Biotechnology

- C Health Insurance
- C Hospitals & Physicians
- Pharmaceuticals
- C Other Health Care

C Manufacturing

- Real Estate
- C Commercial
- C Construction
- C REITS & Finance
- C Residential
- C Other Real Estate

C Retailing

C Restaurants

Technology

C Computers

- C Telecommunications
- C Other Technology
- C Airlines & Airports
- C Lodging & Conventions
- C Tourism & Travel Services
- O Other

Aggregate Net Asset Value Range

- C No Aggregate Net Asset Value
- \$1 \$5,000,000 0
- \$5,000,001 \$25,000,000 O
- \$25,000,001 \$50,000,000 C
- \$50,000,001 \$100,000,000 C
- C Over \$100.000.000
- Decline to Disclose O
- C Not Applicable

- Travel
- C Other Travel

6. Federal Exemption(s) an	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	2010-09-14 First Sale Yet to Occur
Amendment	
IAmenument	
8. Duration of Offering	
Does the Issuer intend this offering to last	t more than one year? O Yes O No
9. Type(s) of Securities Off	ered (select all that apply)
Pooled Investment Fund Interests	Equity
Acres (Reed)	Debt
	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 merge exchange offer?	
Clarification of Response (if Necessary)	
11. Minimum Investment	
Minimum investment accepted from any	/ \$ 0 USD
outside investor	* [<u> </u>
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 Amounts

Total Offering Amount	\$ 12001200	USD	Indefinite
Total Amount Sold	\$ 8000800	USD	

Total Remaining to be Sold	\$	4000400	USD	Indefinite
	-			

Clarification of Response (if Necessary)

Promissory Notes convertible into Preferred Stock; Warrants to purchase Preferred Stock

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.

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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.

	\$ 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

Clarificat The pr

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 offerees
- 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	Signature	Name of Signer	Title	Date
ACELRX PHARMACEUTIC	CALS /s/ Mark B. Weeks	Mark B. Weeks	Secretary	2010-09-20