Instruction 1(b)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	urden									
ha	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*  Afable Richard						2. Issuer Name and Ticker or Trading Symbol ACELRX PHARMACEUTICALS INC ACRX									k all applic Directo	cable) or	ting Person(s) to Iss 10% Ov e Other (s below)		wner
(Last)	.ast) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 10/10/2023								below)	(give title			ресіту
1850 GATEWAY DRIVE, SUITE 175					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Application)     X Form filed by One Reporting Person					
(Street) SAN MA	n MATEO CA 94404													Λ	Form filed by More than One Reporting Person				- 1
(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													
									defense co							n or written	pian tn	nat is intended	to
		Tab	le I - Nor			_			<u> </u>	Dis					Owned	l			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D							2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.						5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount	(A) o (D)	r Pric	е	Transact (Instr. 3	ction(s)			(50. 4)
Common	Common Stock <sup>(1)</sup> 10/10				0/202	23					581(2	2) A	\$0	.00	2,468 <sup>(3)</sup>		D		
		-	Гable II -						uired, D s, optior						wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		of		6. Date Exercisabl Expiration Date (Month/Day/Year)		Amount of		of s ig e Securi	S (I	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (Right to	\$0.684	10/10/2023			A		3,487		10/10/2024	(4)	10/10/2033	Common Stock	3,48	7	\$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

12/13/2023

\*\* 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.