FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*					2. Issuer Name and Ticker or Trading Symbol ACELRX PHARMACEUTICALS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Palmer Pamela P					ACRX]								X	X Director			10% Owner			
(Last)	(Fir	est) (N	Middle)		1101	neidt j								X	Office belov	er (give title v)		Other (: below)	specify	
C/O ACELRX PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year)							Chief Medical Officer								
25821 INDUSTRIAL BLVD., SUITE 400				03/03/2023																
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)									•		`		,	Line)			_		.	
HAYWA	RD CA	A 9	4545											X	_	filed by On		Ü		
															Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)																	
		Table	I - Noı	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8) 4. Securitie Disposed (5)					4 and Securit		ties cially Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)			(mau. 4)	
Common Stock 03/03/2					2023			F		570(1)	I) (\$1.31	43,315		I)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
						aiis,	Т							÷		I			I	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	e Execution Date,		Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Do So (In	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di or (I)). wnership orm: irect (D) r Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er						

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.

Remarks:

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

03/06/2023

** 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.