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 |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuan |

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

| Name and Address of Reporting Person* Angotti Vincent J. | | | | | | 2. Issuer Name and Ticker or Trading Symbol ACELRX PHARMACEUTICALS INC [ACRX] | | | | | | | | | ationship of Reportin call applicable) Director Officer (give title | | 10% Ov | | wner | |
|--|---|-----------------------|----------|---|----------------|--|---------------------------------------|---|-----------------|-------------------------------------|--|-------------------------|--|---|---|--------------------------------------|--|--|------------|--|
| (Last) C/O ACI | (Fii ELRX PHA | rst) (M RMACEUTICA | Middle) | NC. | | 3. Date of Earliest Transaction (Month/Day/Year) 09/11/2023 | | | | | | | | X | below) Chief Execu | | | below) | вреспу | |
| 1850 GATEWAY DRIVE, SUITE 175 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | on | |
| SAN MATEO CA 94404 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | (State) (Zip) | | | | | 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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or B | enefic | ially | / Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Exec if any | Deemed cution Date, y nth/Day/Year) | | | | s Acquired (A) Of (D) (Instr. 3, | | l and Sec Ben Owi | | mount of urities eficially ned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Pric | е | | nsaction(s) str. 3 and 4) | | | (Instr. 4) | |
| Common Stock 09/11/2 | | | | | 023 | | | P | | 10,000 | A | \$0. | .795 91 | | 1,805(1) | | D | | | |
| | | Tal | ole II - | | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, 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 an Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Dei Sed (Ins | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | 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 | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. Balance includes non-reportable acquisitions of 7,969 and 10,000 shares of Common Stock through the Company's Employee Stock Purchase Plan on February 28, 2023 and August 31, 2023, respectively.

Remarks:

/s/ Martha Adler, Attorney-In-

09/11/2023

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.