SEC For	rm 4 FORM	4	UNITE) STA	TES	s se	ECUF	RITI	ES AND	E	XCHAI	NGE	E CO	оммі	SSION					
					Washington, D.C. 20549										OMB APPROVA			VAL		
Section 16. Form 4 or Form 5 obligations may continue. See					ed pur	A pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940												er: verage burde sponse:	3235-0287 n 0.5	
1. Name and Address of Reporting Person* ADAMS ADRIAN (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol <u>ACELRX PHARMACEUTICALS INC</u> [ACRX] 3. Date of Earliest Transaction (Month/Day/Year)									Officer (give title			son(s) to Iss 10% Ov Other (s below)	wner	
C/O ACELRX PHARMACEUTICALS, INC. 1850 GATEWAY DRIVE, SUITE 175						10/10/2023 4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN MATEO CA 94404						X Form filed by One Reporting Person Form filed by More than One Report Person														
(City) (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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														d to						
		Tab	ole I - Nor	n-Deriv	ativ	e Seo	curitie	s A	cquired, D)isp	posed o	f, or	Ben	eficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ear) i	2A. Deemed Execution Date if any (Month/Day/Ye		Code (In	Transaction Dis Code (Instr. 5)		ecurities Acquired (A osed Of (D) (Instr. 3,		i (A) or : 3, 4 and	Benefici Owned F	es ally Following	Form (D) o	n: Direct r Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock ⁽¹⁾ 10/10					0/202	/2023		A		581(2)	581 ⁽²⁾ A		\$0.0	0 11,168 ⁽³⁾			D			
		-							quired, Dis s, options						Owned			<u> </u>		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and		Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e S Ily J	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title		Amount or Number of Shares						
Stock Option (Right to Buy)	\$0.684	10/10/2023			A		3,487		10/10/2024 ⁽⁴⁾) 1	0/10/2033	Comr Stor		3,487	\$0.00	3,487	7	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

Date

** Signature of Reporting Person

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.