FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington, D.C. 20549	OMB Number:
	Estimated average but
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	hours per response.

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

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

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* ADAMS ADRIAN (Last) (First) (Middle) C/O ACELRX PHARMACEUTICALS, INC.					ACR 3. Dat	Issuer Name and Ticker or Trading Symbol ACELRX PHARMACEUTICALS INC [ACRX] Date of Earliest Transaction (Month/Day/Year) 06/23/2015								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below)				
	DOD C	A gatate) (94063 Zip)			If Amendment, Date of Original Filed (Month/Day/Year) tive Securities Acquired, Disposed of, or Benefi							Line)	Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				ction	on 2A. Deemed Execution Date,			3. Transac Code (In	4. Securitie		es Acquired (A) or Of (D) (Instr. 3, 4		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			: Direct	7. Nature of Indirect Seneficial Ownership Instr. 4)	
			Tab								sed of, or nvertible			vned				
1. Title of Derivative Security (Instr. 3)	. Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, or Exercise (Month/Day/Year) if any		on Date,	Transaction Code (Instr. 8)		ı of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	е	Expiration Date	Title	Amount or Number of Shares					
Common Stock (Option to Buy) ⁽¹⁾	\$4.08	06/23/2015			A		15,000		07/23/2015 ⁽	2)(3)	06/22/2025	Common Stock	15,000	\$0.00	15,00	0	D	

Explanation of Responses:

- 1. Issued pursuant to the 2011 Equity Incentive Plan.
- 2. The shares subject to the option vest as follows: 1/24th of the shares subject to the option vest in equal monthly installments over 24 months, subject to Optionee's Continuous Service on the Company's Board of Directors.
- 3. 100% Acceleration upon Change of Control.

Remarks:

/s/ Martha Adler, Attorney-in-06/24/2015 **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.