FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] HOFFMAN STEPHEN J					2. Issuer Name and Ticker or Trading Symbol <u>ACELRX PHARMACEUTICALS INC</u> [ACRX]										ieck all a X Dir	tionship of Reportir all applicable) Director Officer (give title		10% ()wner
(Last) C/O SKY	(Last) (First) (Middle) C/O SKYLINE VENTURES				3. Date of Earliest Transaction (Month/Day/Year) 03/07/2014											low)		Other (specify below)	
525 UNIVERSITY AVENUE, SUITE 610					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) PALO ALTO CA 94301					X								Fo	K Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (ž	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				2. Transacti Date (Month/Day/	y/Year) if any		eemed ation Date, th/Day/Year)		Transaction		4. Securities Acquired (A Disposed Of (D) (Instr. 3, and 5)				Secu Bene Own	nount of irities eficially ed owing	Forr (D) c	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A (D) or)	Price	Repo Tran		ed ction(s)		(1130.4)
Common Stock 03/07/20)14				J ⁽¹⁾		1,300,00	00	D	\$ <mark>0</mark>	2,	2,871,933			See footnote ⁽²⁾	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Exec ecurity or Exercise (Month/Day/Year) if an)eemed ution Date, / th/Day/Year)		ansaction ode (Instr.		mber ative rities ired osed . 3, 4	6. Date Exerci Expiration Da (Month/Day/Yo		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amoun or Numbe of		nstr. nount	8. Price of Derivativ Security (Instr. 5)	Beneficial	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title Shares		ares					

Explanation of Responses:

1. Represents a pro-rata in-kind distribution by Skyline Venture Partners Qualified Purchaser Fund IV, L.P. ("SVP IV") without consideration to its limited and general partners.

2. The shares are held by SVP IV. The reporting person is a member of Skyline Venture Management IV, LLC, which serves as the sole general partner of SVP IV, and may be deemed to share voting and dispositive power over the shares held by SVP IV, however, the reporting person disclaims beneficial ownership of such shares, except to the extent of his pecuniary interest therein.

Karensa Kenny as attorney-in-03/11/2014

fact Stephen Hoffman

** 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.