## Edgar Filing: ACELRX PHARMACEUTICALS INC - Form 4

Form 4	IARMACEUTIO	CALS INC	2						
February 06,	_							OMB A	PPROVAL
FORM	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						OMB Number:	3235-0287
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru- 1(b).	er <b>STATEN</b> 5. Filed put s Section 17(							burden hou response	Estimated average burden hours per response 0.5
(Print or Type R	esponses)								
1. Name and Address of Reporting Person <u>*</u> Chung David			2. Issuer Name <b>and</b> Ticker or Trading Symbol ACELRX PHARMACEUTICALS INC [ACRX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
(Last) C/O ACELR PHARMACI GALVESTO	X EUTICALS, IN	Middle) C., 351		f Earliest T Day/Year) 2014	ransaction		Director X Officer (give below) Chief C		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
REDWOOD	CITY, CA 940	63					Person	More than One R	eporting
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	Acquired, Disposed of	f, or Beneficia	lly Owned
	2. Transaction Date Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	Securities H Beneficially ( Owned ( Following ( Reported Transaction(s) (Instr. 3 and 4)	5. Ownership Form: Direct D) or Indirect I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Reminder: Repo	ort on a separate line	e for each els	ass of sec	Code V		(D) Price			
pe	in a separate line	er enem en				a anothery			

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

## 1. Title of 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and Expiration 2 4. 7. Title and Amour Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative Date Underlying Securit Security or Exercise any Code Securities (Month/Day/Year) (Instr. 3 and 4) Price of (Month/Day/Year) (Instr. 8) (Instr. 3) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Code V (A) (D) Date Exercisable Expiration Title Amo Date or Num of Sh Stock Option Common \$10.34 02/04/2014 25,000 02/04/2015<sup>(2)(3)</sup> 02/03/2024 25,0 Α (Right to Stock Buy) (1)**Reporting Owners** Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other Chung David C/O ACELRX PHARMACEUTICALS, INC. Chief Commercial Officer 351 GALVESTON DRIVE REDWOOD CITY, CA 94063 Signatures /s/ Christopher Whitmore, 02/06/2014 Attorney-in-fact

## Edgar Filing: ACELRX PHARMACEUTICALS INC - Form 4

<u>\*\*</u>Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).
- (1) Issued pursuant to the 2011 Equity Incentive Plan.

The shares subject to the option vest as follows: 25% of the shares subject to the option vest on the 12 month anniversary of the Vesting(2) Commencement Date (February 4, 2014) and the remaining shares subject to the option vest on an equal monthly basis over the next 36 months.

(3) Double Trigger Acceleration upon Change of Control.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.