Edgar Filing: Palmer Pamela P - Form 4

Form 4 August 06, 2												
FORM		STATES						NGE C	COMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed purs Section 17(a	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								Expires:January 31, 2005Estimated average burden hours per response0.5		
(Print or Type F	Responses)											
Palmer Pamela P Sym AC				2. Issuer Name and Ticker or Trading Symbol ACELRX PHARMACEUTICALS NC [ACRX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (M RX THERAPEUT ALVESTON DR		3. Date of (Month/D 08/06/20	ay/Year)		nsaction			Director X Officer (give below) Chief			
	(Street)		4. If Amer Filed(Mon			e Original			6. Individual or Jo Applicable Line) _X_ Form filed by C			
REDWOOD	O CITY, CA 9406	3								Iore than One Re		
(City)	(State) (Zip)	Table	e I - Non	-De	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code	ction	4. Securit n(A) or Di (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	08/06/2018			Code P		Amount 37,000	(D) A	Price \$ 2.75	(Instr. 3 and 4) 456,134 (1)	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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)

Edgar Filing: Palmer Pamela P - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
1	Director	10% Owner	Officer	Other					
Palmer Pamela P C/O ACELRX THERAPEUTICS, INC 351 GALVESTON DRIVE REDWOOD CITY, CA 94063	2.		Chief Medical Officer						
Signatures									
/s/ Martha Adler, Attorney-In-Fact	08/06/2018								
**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) Balance includes non-reportable acquisition of 3,333 shares of Common Stock through the Company's Employee Stock Purchase Plan.

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.