Edgar Filing: ASADORIAN RAFFI - Form 4

ACADODIAN DAEEI

Form 4	ΝΚΑΓΓΙ											
September 05	5, 2018											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check this if no long	er									Expires:	January 31, 2005	
subject to Section 10 Form 4 or	5. 5.	STATEMENT OF CHAN								Estimated a burden hou response	iverage	
Form 5 obligation may conti <i>See</i> Instru 1(b).	$\frac{1}{1}$ Section 17(a)	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										
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> ASADORIAN RAFFI			2. Issuer Name and Ticker or Trading Symbol ACELRX PHARMACEUTICALS INC [ACRX]						5. Relationship of Reporting Person(s) to Issuer			
									(Check all applicable)			
(Last)	(First) (N	First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)						Director 10% Owner _XOfficer (give title Other (specify below) below)				
C/O ACELR PHARMAC GALVESTO	EUTICALS, INC	C., 351	08/31/20)18					· · · · · · · · · · · · · · · · · · ·	Financial Office	er	
				endment, Date Original onth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
REDWOOD	CITY, CA 9406	3								One Reporting Pe fore than One Re		
(City)	(State)	ate) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution		Code (Instr. 8	tion ()	4. Securi n(A) or Di (Instr. 3,	sposed 4 and 5 (A) or	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	08/31/2018			Code $A(1)$	V	Amount 10,000	(D) A	Price \$ 1.49	42,000	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)

Reporting Owners

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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)	3	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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			
ASADORIAN RAFFI C/O ACELRX PHARMACEUTICALS, INC. 351 GALVESTON DRIVE REDWOOD CITY, CA 94063			Chief Financial Officer				
Signatures							
/a/ Martha Adler							

09/05/2018

Date

**Signature of Reporting Person

Attorney-In-Fact

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).
- These shares were acquired under the Company's Employee Stock Purchase Plan in transactions that were exempt under both Rule (1) 16b-3(d)and Rule 16b-3(c).

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.