Edgar Filing: HOFFMAN C STEVEN - Form 4

HOFFMAN	C STEVEN									
Form 4										
June 14, 201	18									
FORM	ЛΔ								PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-0287	
Check this box						Expires:	January 31,			
if no longer subject to Section 16. Form 4 or					WNERSHIP OF	Estimated burden hou	Expires: 2005 Estimated average burden hours per response 0.5			
Form 5 obligations may continue. See Instruction 1(b). 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	Responses)									
HOFFMAN C STEVEN Syn AC			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			ACELRX PHARMACEUTICALS INC [ACRX]							
			3. Date of Earliest Transaction (Month/Day/Year)			_X_ Director10% Owner Officer (give titleOther (specify below) below)				
	RX CEUTICALS, IN ON DRIVE		06/14/2	2018						
				² Amendment, Date Original d(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
REDWOO	D CITY, CA 940	63					Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deem (Month/Day/Year) Execution any (Month/Da		Date, if TransactionAcquired (A) or Code Disposed of (D) ay/Year) (Instr. 8) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect			
				Code V	Amount	or (D) Price	(Instr. 3 and 4)			
Reminder: Rep	port on a separate line	e for each clas	ss of sect	urities bene	ficially own	ned directly of	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)

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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. Transact: Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo or Num of Sh
Stock Options (Right to Buy)	\$ 4.125	06/14/2018		A	15,000	07/14/2018(1)(2)	06/14/2028	Common Stock	15,(

Reporting Owners

Reporting Owner Name / Address	Relationships					
hepoting of the transferred		Director	10% Owner	Officer	Other	
HOFFMAN C STEVEN C/O ACELRX PHARMACEUTICALS 351 GALVESTON DRIVE REDWOOD CITY, CA 94063	S, INC.	Х				
Signatures						
/s/ Martha Adler, Attorney-In-Fact	06/14/20	18				
**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) 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 to the Company.
- (2) 100% 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.