Edgar Filing: ASADORIAN RAFFI - Form 4

ASADORIA	N RAFFI										
Form 4	0										
May 29, 2018 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB AF OMB Number:	PROVAL 3235-0287	
washington, D.C. 20349 Number.											
(Print or Type I	Responses)										
ASADORIAN RAFFI Symbol				r Name and X PHAR CRX]			-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O ACELI PHARMAC GALVESTO	RX EUTICALS, IN	Middle) C., 351	3. Date o (Month/I 05/25/2	-	ransaction			Director X Officer (give below) Chief F		Owner r (specify er	
				endment, Date Original onth/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	D CITY, CA 940	63						Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		n Date, if	Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3, Amount	(A) or	d 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	05/25/2018			Р	5,000	A	\$ 3.1845	27,000 <u>(1)</u>	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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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						
		ector	10% Owner	Officer	Other			
ASADORIAN RAFFI C/O ACELRX PHARMACEUTICA 351 GALVESTON DRIVE REDWOOD CITY, CA 94063	LS, INC.			Chief Financial Officer				
Signatures								
/s/ Martha Adler, Attorney-In-Fact	05/29/2018							
**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 10,000 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.