Edgar Filing: ACELRX PHARMACEUTICALS INC - Form 4

ACELRX P Form 4 March 30, 2	HARMACEUTIC	CALS INC	C								
FORM	ЛЛ							OMB A	PPROVAL		
	STATES	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB Number:	3235-0287			
Check th if no lon subject t Section Form 4 c		NGES IN SECUI	Expires:January 3: 200Estimated averageburden hours per response0.								
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 17(a) of the l	Public U	tility Hol	ding Cor		nge Act of 1934, t of 1935 or Sectio 1940	n			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Rosen Howard B			2. Issuer Name and Ticker or Trading Symbol ACELRX PHARMACEUTICALS				5. Relationship of Reporting Person(s) to Issuer				
			INC [A		din ielt		(Check all applicable)				
		Middle) C., 351		of Earliest T Day/Year) 2016	ransaction		X Director X Officer (give below)		% Owner her (specify		
				endment, D nth/Day/Yea	-	1	Applicable Line) _X_ Form filed by (_X_ Form filed by One Reporting Person			
REDWOO	D CITY, CA 9400	63					Form filed by N Person	More than One R	eporting		
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	Acquired, Disposed of	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	Securities F 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)		
Domindom Do	nort on a serverate l'as	for each -1	on of co-			(D) Price					
Kenninder: Rej	port on a separate line	e for each cl	ass of sect	unities bene	netany ow	neu urrecuy	or multecuy.				

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 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. Transad Code (Instr. 8		5. Number of tionDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Secur (Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am Nui Sha
Stock Option (Right to Buy) ⁽¹⁾	\$ 3.1	03/28/2016		А		800,000		05/01/2016(2)(3)	03/28/2026	Common Stock	80

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Reporting Owners

Reporting Owner Name / Address		Relationships						
FB		Director	10% Owner	Officer	Other			
Rosen Howard B C/O ACELRX PHARMACEUTICALS, INC. 351 GALVESTON DRIVE REDWOOD CITY, CA 94063		Х		CEO				
Signatures								
/s/ Martha Adler, Attorney-in-fact	03/30/20	16						
**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.
- (2) The shares subject to the option vest as follows: 1/48th of the shares subject to the option vest in equal monthly installments over 48 months, so long as the optionee continues to provide services to the Company.
- (3) 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.