Edgar Filing: Angotti Vincent J. - Form 4

Angotti Vinc Form 4											
February 13,	Л								OMB AF	PROVAL	
	CORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 or	er STATE 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Expires: January 31, 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 R	Responses)										
Angotti Vincent J. Symb			Symbol	2. Issuer Name and Ticker or Trading ymbol CELRX PHARMACEUTICALS				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(1 +)	(Einst)	(MC 141-)	INC [A	-							
(Last) C/O ACELF PHARMAC GALVESTO	EUTICALS, II	(Middle) NC., 351	3. Date of (Month/D 02/11/20		ansaction			X Director X Officer (give below) Chief E		Owner er (specify er	
				endment, Date Original nth/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	OCITY, CA 94	.063						Person	iore man one Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative Se	curiti	es Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		3. Transactic Code (Instr. 8) Code V	4. Securitie on(A) or Disp (Instr. 3, 4 a Amount	osed o	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 (1)	02/11/2019			А	200,000 (2)	А	\$0	254,650	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)

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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) o Disposed of (D (Instr. 3, 4, and 5)	Expiration I (Month/Day r	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 2.51	02/11/2019		А	400,000	<u>(3)</u>	02/11/2029	Common Stock	400,000	

Reporting Owners

Reporting Owner Name / Address		Relationships						
	D	irector	10% Owner	Officer	Other			
Angotti Vincent J. C/O ACELRX PHARMACEUTICALS 351 GALVESTON DRIVE REDWOOD CITY, CA 94063	S, INC.	X		Chief Executive Officer				
Signatures								
/s/ Martha Adler, Attorney-In-Fact	02/13/2019)						
**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) Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- (2) The restricted stock units shall vest in three equal consecutive annual installments on February 11, 2020, February 11, 2021 and February 11, 2022.
- (3) The shares subject to the option vest as follows: 25% of the shares subject to the option vest on the 12 month anniversary of the Vesting Commencement Date and the remaining shares subject to the option vest on an equal monthly basis over the following 36 months.

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.