Edgar Filing: HOLDEN RICHMOND Y JR - Form 4

| HOLDEN RICHMOND Y Form 4 August 09, 2018 | JR | | | | | | | |
|--|---------------------|----------------|-------------------------------|--|---|--|--|--|
| | | | | | | | | PPROVAL |
| Check this box | ID STATES | | RITIES A shington | | | COMMISSION | OMB Number: | 3235-0287 January 31, |
| if no longer subject to Section 16. Form 4 or | | | | | | WNERSHIP OF Estimated average burden hours per response | | |
| abligations | 7(a) of the | Public U | Itility Hol | ding Con | | nge Act of 1934, of 1935 or Sectio 940 | on | |
| (Print or Type Responses) | | | | | | | | |
| 1. Name and Address of Report HOLDEN RICHMOND | - | Symbol | er Name an e UNITED | | Ū. | 5. Relationship o Issuer | of Reporting Per | son(s) to |
| (Last) (First) C/O ACME UNITED CO WALLS DRIVE | (Middle) RP, 55 | 3. Date of | of Earliest T Day/Year) | | | _X_ Director | | e) % Owner her (specify |
| (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | 1 | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) (State) | (Zip) | Tak | la I Non l | Dorivotivo | Socurities A | Person | of or Ronoficio | lly Ownod |
| 1.Title of 2. Transaction D Security (Month/Day/Yea (Instr. 3) | r) Execution any | ed Date, if | 3. | 4. Securit nAcquired Disposed (Instr. 3, 4 | es (A) or of (D) | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial |
| Reminder: Report on a separate | line for each cl | lass of sec | urities bene | Perso inform requir | ns who res nation cont ed to resp ys a curre | or indirectly. spond to the colle tained in this form ond unless the for ntly valid OMB co | are not rm | SEC 1474 (9-02) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number | 6. Date Exercisable and | 7. Title and Amount of |
|-------------|-------------|---------------------|--------------------|------------|-----------------|-------------------------|------------------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onof Derivative | Expiration Date | Underlying Securities |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | (Instr. 3 and 4) |

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| (Instr. 3) | Price of Derivative Security | | (Month/Day/Year) | (Instr. 8 | ~ | (A) or Dispose (D) | Disposed of (D) (Instr. 3, 4, | | | | |
|-----------------------------|------------------------------------|------------|------------------|-----------|---|--------------------------|-------------------------------------|---------------------|--------------------|-----------------|--|
| | | | | Code V | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option | \$ 22.66 | 08/08/2018 | | А | | 5,000 | | 08/09/2018 | 08/08/2028 | Common Stock | 5,000 |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| HOLDEN RICHMOND Y JR C/O ACME UNITED CORP 55 WALLS DRIVE FAIRFIELD, CT 06824 | х | | | | | | |
| Signatures | | | | | | | |
| /s/ Richmond Y. Holden Jr. | 08/09/20 |)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).

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.