FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|-----------------------|-----------|
| Estimated average but | rden |
| hours per response: | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 10b5-1(c). See | Instruction 10. | | | | | | | | |
|--|-----------------|-------------|--|---|--|--|--|--|--|
| 1. Name and Address of Reporting Person* <u>LUCI DAVID P</u> | | | 2. Issuer Name and Ticker or Trading Symbol Acurx Pharmaceuticals, Inc. [ACXP] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | |
| | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2025 | X Officer (give title Other (specify below) | | | | | |
| C/O ACURX I | PHARMACEUTI | CALS, INC., | | President and CEO | | | | | |
| 259 LIBERTY AVENUE | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | | | | Form filed by More than One Reporting Person | | | | | |
| STATEN ISLAND | NY | 10305 | | . S mod by more than one reporting reason | | | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|--------------------------|---|--|---------------|-------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

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. Transac Code (In 8) | | Derivative Securities Acquired Disposed | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|---------------------------------|---|--|--|---------------------|--------------------|-----------------|--|-----|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Stock Option | \$0.7982 | 02/05/2025 | | A | | 250,000 | | (1) | 02/05/2035 | Common Stock | 250,000 | \$0 | 250,000 | D | |

Explanation of Responses:

 $1.\ On\ February\ 5, 2025, the\ Reporting\ Person\ was\ granted\ stock\ options\ to\ purchase\ 250,000\ shares\ of\ the\ Issuer's\ common\ stock.\ These\ options\ vest\ immediately.$

/s/ Jeffrey Cohan, Power of Attorney For: David P. Luci

** Signature of Reporting Person

02/06/2025

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

^{*} 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).