FORM 4	4
--------	---

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Find of Type Responses)								+			
1. Name and Address of Reporting Person [*] DEAN JACK H	2. Issuer Name and Acurx Pharmace			· ·	l	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director10% Owner					
(Last) (First) C/O ACURX PHARMACEUTICA LIBERTY AVENUE		3. Date of Earliest Tr 07/01/2021	ransaction (1	Montl	h/Day/Yea	ar)		Officer (give title below)O	her (specify belo	ow)	
^(Street) STATEN ISLAND, NY 10305	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State)	(Zip)	r	fable I - No	on-De	erivative S	Securities	s Acqı	ired, Disposed of, or Beneficially Ow	ned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	3. Transaction Code (Instr. 8) Code V		4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5) Amount (D) F		f (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)	Beneficial Ownership	

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 SEC 1474 (9-02) 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

				<i>(e.g.</i> , put	ts, c	alls, warr	ants	, options, coi	vertible secur	ities)					
1. Title of Derivative Security (Instr. 3)	Conversion	Date (Month/Day/Year)	· · · · ·	Code	ansaction de 5. Number of Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial	
				Code	V		(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	(I) (Instr. 4)	
Stock Option	\$ 6.18	07/01/2021		А		50,000		<u>(1)</u>	06/30/2031	Common Stock	50,000	\$ 0	50,000	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DEAN JACK H C/O ACURX PHARMACEUTICALS, INC., 259 LIBERTY AVENUE STATEN ISLAND, NY 10305	Х						

Signatures

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) This stock option award is related to service on the Issuer's board of directors granted pursuant to the Issuer's Director Compensation Policy. 1/36th of the shares granted shall become vested and exercisable as of each monthly anniversary from July 1, 2021, such that all shares subject to this stock option shall be fully vested and exercisable by July 1, 2024.

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.