## FORM 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0362    |  |  |  |  |  |  |  |  |
| Estimated average burden |  |  |  |  |  |  |  |  |
| hours per response: 1.0  |  |  |  |  |  |  |  |  |

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

| Form 3   | 3 Holdings Rep   | orted.                     |  |   |          |              |   |   |               |                       |                                       | nou  | irs per res         | sponse.                             | 1.0      |
|--|------------------|----------------------------|--|---|----------|--------------|---|---|---------------|-----------------------|---------------------------------------|--|---------------------|-------------------------------------|----------|
| Form 4   | 1 Transactions I | Reported.                  | Filed  | d pursuant to Se<br>or Section 30                                       |          |              |   |   |               |                       |                                       |  |                     |                                     |          |
| Name and Address of Reporting Person*     MURPHY SUSAN H |                  |                            | 2. Issuer Name and Ticker or Trading Symbol ACME UNITED CORP [ ACU ] |   |          |              |   | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |               |                       |                                       |  |                     |                                     |          |
| (Last) 1 WATE  | (Fir             | ,                          | Middle)  | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022 |          |              |   |   | ay/Year)      | Office<br>below       | cer (give title Other (specify below) |  |                     |                                     |          |
| (Street) SHELTC  | ON CT            | , 0                        | 06484  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                |          |              |   |   |               | ine)<br>X Form        | filed by O                            | Joint/Group Filing (Check Applicable<br>filed by One Reporting Person<br>filed by More than One Reporting<br>n |                     |                                     |          |
| (City)   | (Sta             | ate) (2                    | Zip)   |   |          |              |   |   |               |                       |                                       |  |                     |                                     |          |
|  |                  | Table                      | l - Non-Deriva   | ative Securi  | ities    | Acqu         | ired, Dis   | posed   | of, o         | r Benefic             | ially Own                             | ed   |                     |                                     |          |
| 1. Title of Security (Instr. 3)                          |                  | Date<br>(Month/Day/Year) i | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Yea            | Co  | ansactio | on Of (D) (i | 4. Securities Acquired (A) or Dispo<br>Of (D) (Instr. 3, 4 and 5) |   | () or Dispose | Securiti<br>Benefici  | es Owne                               |  | ship Ir<br>Direct B | Nature of direct eneficial wnership |          |
|  |                  |                            |  | (Month/Day/Teal   | ., 0,    |              | Amoun   |   | (A) or<br>(D) | Price                 | Issuer's                              | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)  |                     |                                     | nstr. 4) |
| Common Stock   |                  |                            | 07/13/2022 G   |   |          |              |   |   |               |                       |                                       | D  |                     |                                     |          |
|  |                  |                            | 07/13/2022   | 07/13/2022  |          | G            | 12  | 25  | D             | \$29.75               | 6,                                    | 591  | Г                   |                                     |          |
|  |                  | Tal                        | ble II - Derivati  |   | es A     | cquir        | ed, Disp  | osed o  | f, or l       | <u>l</u><br>Beneficia | Illy Owne                             |  | D                   | )                                   |          |

Explanation of Responses:

## Remarks:

/s/ Susan Murphy

02/14/2023

\*\* Signature of Reporting Person 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).