FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

				or Se	ction	30(h	n) of the	Investment	Cor	npany Ad	ct of 1940								
Name and Address of Reporting Person* JOHNSEN WALTER C					2. Issuer Name and Ticker or Trading Symbol ACME UNITED CORP [ACU]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
et) (First) (Middle) O ACME UNITED CORP WALLS DRIVE				03/1	3. Date of Earliest Transaction (Month/Day/Year) 03/13/2015									Officer (give title Other (specify below) below) CEO and Chairman of the Board			(specify) pard		
treet) 'AIRFIELD CT 06824					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 Form filed by More than One Reporting Person				
(5)			Jan Daris	/otive	Saa	:4	ioo A):a		of or F) a m a fi	ما الماء	0					
1. Title of Security (Instr. 3)		ie i - r	2. Transaction		2A. Exe	2A. Deemed Execution Date, if any		3. 4. S Transaction Dis Code (Instr. and		4. Secu	Securities Acquired (Aisposed Of (D) (Instr. 3			5. Am Secur Benef Owne	nount of rities ficially	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amoun	t (A)	or Pr	ice	Repor	rted action(s)	(111541. 4)	(11001. 4)		
Stock	03/16/			2015	015			M		3,00)O A	\$	\$15.65		26,720	D			
Common Stock			03/16/2	3/16/2015						3,00	00 I) \$	\$18.5		23,720	D			
Common Stock			03/17/2	03/17/2015				M		2,18	35 A	\ \$	15.65	3:	25,905	D			
Common Stock			03/17/2	3/17/2015				S		2,18	35 I) \$	S18.5	32	23,720	D			
Common Stock 03			03/18/2	2015				M		30	A	\ \$	15.65	3:	23,750	D			
Common Stock 03/18/			015			S		30) \$	318.5	323,720		D					
							M		1,21	.9 A					D				
Stock								S		<u> </u>				<u> </u>		D			
	Та	able II												wned					
1. Title of Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ion Date,					Expiration Date			Amount Securitie Underlyi Derivativ	of s ng e	of Der Sec (Ins	rivative curity	derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership			
				Code	v	(A)	(D)	Date Exercisable			Title	or Numb of	er						
\$15.65	03/16/2015			M			3,000	04/28/2009	04	/28/2015	Common Stock	3,00	0 \$	15.65	393,162	D			
\$15.65	03/17/2015			M			2,185	04/28/2009	04	/28/2015	Common Stock	2,18	5 \$	15.65	390,977	D			
\$15.65	03/18/2015			M			30	04/28/2009	04	/28/2015	Common Stock	30	\$	15.65	390,947	D			
	(Final Content of the	(First) (EUNITED CORPLES DRIVE CD CT (State) (State) Tab Recurity (Instr. 3) Stock St	(First) (Middle) ME UNITED CORP LS DRIVE LD CT 06824 (State) (Zip) Table I - N ecurity (Instr. 3) Stock	(First)	Code Code	Code V Stock S	Code Name Code Code	Address of Reporting Person SEN WALTER C	Address of Reporting Person SEN WALTER C	Address of Reporting Person SEN WALTER C	Address of Reporting Person SEN WALTER C	Address of Reporting Person SEN WALTER C	ACME UNITED CORP ACU	Address of Reporting Person SEN WALTER C C(First) (Middle) (Middle)	Address of Reporting Person SEN WALTER C ACME UNITED CORP A. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual of Line Acme	2.	Address of Reporting Person SEN WALTER C Core ACME UNITED CORP ACU Core ACME UNITED CORP ACU Core ACME United Core Cor		

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

- * 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.

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.