FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL           |           |  |  |  |  |  |  |  |
|------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:            | 3235-0287 |  |  |  |  |  |  |  |
| Estimated average burd | en        |  |  |  |  |  |  |  |
| 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).

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

| 1. Name and Address of Reporting Person*  OLSCHAN BRIAN S |   |  |   |         |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol ACME UNITED CORP [ ACO ] |   |        |                                       |       |                                 |                                  |  | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner   |   |   |  |   |  |
|---|---|--|---|---------|---|---|---|--------|---------------------------------------|-------|---------------------------------|----------------------------------|--|---|---|---|--|---|--|
|   | (Fi<br>ME UNITE<br>LS DRIVE   | •  | (Middle)                                      |         |   | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2018                 |   |        |                                       |       |                                 |                                  |  | below   | r (give title<br>)<br>Chief Op  | eration   | Other (s<br>below)<br>as Office  | ·   |  |
| (Street) FAIRFIELD CT 06824 (City) (State) (Zip)          |   |  |   |         | -   4. li                               | 4. If Amendment, Date of Original Filed (Month/Day/Year)                    |   |        |                                       |       |                                 |                                  |  | S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |  |   |  |
|   |   | Tab  | le I - Noi                                    | n-Deriv | /ative                                  | e Se  | curiti  | ies Ac | auired.                               | Dis   | oosed o                         | of. or Be                        | neficial                               | ly Owne   |   |   |  |   |  |
| 1. Title of Security (Instr. 3)  2. Trans Date            |   |  |   |         | ransaction                              |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |        | 3.<br>Transaction<br>Code (Instr.     |       | 4. Securities Acquired (A)      |                                  |  | 5. Amo<br>Securit<br>Benefic<br>Owned   | int of<br>es<br>ially<br>Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | Direct of the condinect | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |
|   |   |  |   |         |   | Code  | v   | Amount | (A) or (D)                            | Price | Reporte<br>Transac<br>(Instr. 3 | rted<br>saction(s)<br>. 3 and 4) |  |   | Instr. 4)   |   |  |   |  |
| Common Stock 08/15/3                                      |   |  |   |         |   | 2018  |   | М      |                                       | 6,000 | ) A                             | \$10.1                           | .1 45                                  | 45,576  |   | )   |  |   |  |
| Common Stock 08/15/3                                      |   |  |   |         |   | 2018  |   | D      |                                       | 6,000 | ) D                             | \$22.7                           | '2 39                                  | 39,576  |   | )   |  |   |  |
|   |   | Т  |   |         |   |   |   |        |                                       |       |                                 | , or Ben<br>ble secu             |  | Owned   |   |   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,   | 4.<br>Transaction<br>Code (Instr.<br>8) |   | n of E  |        | 6. Date Ex<br>Expiration<br>(Month/Da | Date  | Amount of                       |                                  | f<br>g<br>Security                     | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | O<br>Fe<br>Ily D<br>OI<br>(I)                                     | 0.<br>Iwnership<br>orm:<br>Iirect (D)<br>r Indirect<br>) (Instr. 4)  | Beneficial Ownership ct (Instr. 4)                  |  |
|   |   |  |   | Coo     | Code                                    | v   | (A)   |        | Date<br>Exercisab                     |       | xpiration<br>ate                | Title                            | Amount<br>or<br>Number<br>of<br>Shares |   |   |   |  |   |  |
| Employee<br>Stock   | \$10.11   | 08/15/2018                                 |   |         | A                                       |   |   | 6,000  | 01/25/201                             | .3 0  | 1/25/2021                       | Common<br>Stock                  | 6,000                                  | \$10.11   | 321,60  | 0   | D  |   |  |

**Explanation of Responses:** 

/s/ Brian S. Olschan

08/21/2018

\*\* Signature of Reporting Person

Date

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.