Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

Name and Address of Reporting Person* DRISCOLL PAUL G					2. Issuer Name and Ticker or Trading Symbol ACME UNITED CORP [ACU]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
DRISC	ULL PA	<u>ILL PAUL G</u>					TIGHT GITTED GOIT [NGO]								Directo	r		10% Ov	/ner	
(Lact)	(5	irct\	(Middle)	I	3. Dat	te of Earliest Transaction (Month/Day/Year)					- 3	Officer below)	(give title		Other (s below)	pecify				
(Last) (First) (Middle)						08/12/2020								Vi	ce Presid	ent a	nd CFO			
55 WALLS DRIVE																				
		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable											
(Street)		4. II / inchamont, but of original Filed (Month bay/Teal)								Line)										
FAIRFII	ELD C	Γ	06824											>	X Form filed by One Reporting Person					
,															Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)												Persor	1				
(3.9)	(Oity) (Oitte) (Eip)																			
		Tab	le I - Non-	-Deriva	tive S	Secu	ırities	Ac	quired, D	Disp	oosed o	f, or Be	enef	icially	y Owned					
1. Title of	Security (Ins	tr. 3)		2. Transac	Execution Date,			3. 4. Securities Acquired (A) of					5. Amou	s Form		n: Direct o	7. Nature of Indirect Beneficial			
				Date (Month/Da				Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			4 and	Securitie Beneficia								
[[WOULD P						(Month/Day/Year)			ur) 8)					Following (l) (Ir		nstr. 4)	Ownership			
									Code	v	Amount	(A) or Pi		Price	Transact	ion(s)		ľ	(Instr. 4)	
										<u> </u>	Amount	(D)		1100	(Instr. 3 a	and 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
			(€	e.g., pu	ts, ca	alls,	warra	ants	, options	, c	onvertiĺ	ble sec	uriti	es) ์						
1. Title of	2.	3. Transaction	3A. Deemed	4.	Į.		5. Number		6. Date Exercisable and 7. Title and An			mount 8. Price of		9. Number of		10.	11. Nature			
Derivative	Conversion	Date	Execution Da	ate, Tra	 Transaction Code (Instr.		saction of I		Expiration Date of Securities				Derivative		derivative		Ownership	of Indirect		
Security or Exercise (Month/Day/Year) if any (Instr. 3) Price of (Month/Day/Year)						str. Derivative Securities		(Month/Day/Year) Underlying Derivative Secu					urity	Security (Instr. 5)	Securities Beneficially		Direct (D) Own	Beneficial Ownership		
	Derivative Acquired (Instr. 3 and									and 4)	١ ا		Owned Following	.		(Instr. 4)				
Security (A) or Disposed												Reported		(1) (1115(1. 4)						
						of (D) (Instr. 3, 4 and 5)										Transaction(s) (Instr. 4)	on(s)			
						\dashv				Т			Δm	ount						
													or							
									Date	_	xpiration		Nu of	mber						
				Co	de V	(/	(A)	(D)	Exercisable	<u> </u>	ate	Title	Sh	ares						
Employee Stock Option	\$23.05	08/12/2020		A		2	20,000		(1)	0	8/12/2030	Common	20	,000	\$23.05	166,30	0	D		

Explanation of Responses:

1. 25% one day after first year anniversary of date of grant; 25% one day after second year anniversary of date of grant; 25% one day after third year anniversary of date of grant; 25% one day after fourth year anniversary of date of grant.

Remarks:

/s/ Paul G. Driscoll

08/13/2020

** 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.