FORM 5

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,	$D \subset$	20540
wasiiiiqtoii,	D.C.	20049

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0362									
Estimated average burden									
hours per respense	. 10								

Form 3 Holdings Reported.

1. Name and Address of Reporting Person* MURPHY SUSAN H			2. Issuer Name and Ticker or Trading Symbol ACME UNITED CORP [ACU]						S. Relationship of Reporting Perso (Check all applicable) X Director				` '	Issuer Owner			
(Last) 55 WALLS	(Fire	st) (Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020							Office belov	fficer (give title elow)		Other (specify below)			
(Street) FAIRFIELD (City)) CT		06824 Zip)	4. If Amend	lment,	Date o	of Orig	ginal File	d (Month/	Day/Ye	ear)	Line) 【 Form	filed by C	ne Rep	ng (Check porting Pe an One Re	
		Table	I - Non-Deriva	ative Secu	rities	s Acq	uire	ed, Dis	posed	of, o	r Ben	eficia	lly Own	ed			
Da Da		2. Transaction Date (Month/Day/Year)	Execution Date,		Code (Instr.						posed	5. Amou Securitie Benefici	ies Owne		rship li : Direct E	. Nature of ndirect eneficial wnership	
									(A) or (D)	Price		Issuer's Fiscal		Indire (Instr.	ct (I) (I	Instr. 4)	
Common Stock 11/17/		11/17/2020		G			890 D		\$3	\$34.08		7,516		D			
		Та	ble II - Derivat (e.g., p	ive Securi uts, calls, v									/ Owne	d			
Derivative Conversion D		cise (Month/Day/Year) if any (Month/Day/Year) Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D (Inst						ן נ נ	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownershi t (Instr. 4)		
1			I	1			1			$\overline{}$		ount					1

Explanation of Responses:

Remarks:

/s/ Susan H. Murphy

02/16/2021

** 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.

^{*} 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).