FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | | | | | | | | |

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

| Name and Address of Reporting Person* JOHNSEN WALTER C | | | | | <u>ACI</u> | Issuer Name and Ticker or Trading Symbol ACME UNITED CORP [ACU] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | |
|--|--|--|----------|--------------------------------|---------------------------------|--|-----------|-------|---|-----|---|----------------|-----------|--|---|---|--|--|------------|--|
| (Last) | (F | irst) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2015 | | | | | | | | 2 | C Offic below | er (give title w) | | Other (below) | (specify | |
| C/O ACME UNITED CORP | | | | | | | | | | | | | | | CEO | CEO and Chairman of the Board | | | | |
| 55 WALLS DRIVE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | |
| FAIRFIELD CT 06824 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | itate) (| (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | lon-Deriv | vative | Sec | uriti | es Ac | quired, | Dis | posed | of, or | Bene | ficiall | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution | | | Transaction Dispos | | rities Ac ed Of (D) | | | Secur Benef Owne | icially d | Forn (D) o Indir | rect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amoun | it (A |) or) | Price | Repoi Trans | Following Reported Transaction(s) (Instr. 3 and 4) | | r. 4) | (Instr. 4) | |
| Common Stock 06/17/20 | | | | | | |)15 | | M | | 10' | 7 | A | \$15.1 | 5 3 | 318,759 | | D | | |
| Common Stock 06/17/20 | | | | | | 015 | | S | | 10′ | 7 | D \$18.5 | | 318,652 | | D | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed on Date, /Day/Year) | 4. Transac Code (Ir 8) | | on Number | | 6. Date Exe Expiration (Month/Day | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | r. 3 | . Price f erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O F D o (I | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisable | | piration te | or Nu of | | ount nber ires | | | | | | |
| Employee Stock Option | \$15.15 | 06/17/2015 | | | M | | | 107 | 07/31/2007 | 07 | /31/2016 | Common | 10 | 07 | \$15.15 | 389,459 | | D | | |

Explanation of Responses:

<u>/s/ Walter C. Johnsen</u> <u>06/19/2015</u>

** 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).