| SEC Form 4 | |
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FORM 4

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.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | 01.36 | | resumer | it Con | ipany Act of 18 | 40 | | | | | | |
|----------------------|--------------------|--------------|---|---|----------|--------|--|--------|--|---|---|---|--|--|
| 1 | ress of Reporting | | 2. Issuer Name and Ticker or Trading Symbol ACME UNITED CORP [ACU] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| HOLDEN I | RICHMONE | <u>JYJR</u> | | | | | | X | Director | 10% 0 | Owner | | | |
| (Last) 1 WATERVIE | (First) W DRIVE | (Middle) | | e of Earliest Transa 0/2021 | ction (M | onth/E | Day/Year) | | Officer (give title below) | Other below | (specify) | | | |
| | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | | | | | | Line) | Form filed by On | o Doporting Dor | son | | |
| SHELTON | CT | 06484 | | | | | | | , , , | | | | | |
| | | | | | | | | | Form filed by Mo Person | ore than One Rep | porting | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | |
| | | Table I - No | n-Derivative S | Securities Acqu | uired, | Disp | oosed of, o | r Ben | eficially | Owned | | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities / Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | Amount | (A) or | Price | Transaction(s) | | (| | |

| | | | | | | | | | | (D) | | (Instr. 3 | and 4) | | |
|---|--|--|---|------------------------------|---|--|---|---------------------|--------------------|--|--|---|--|--|--|
| | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriva Securi Acquir (A) or Dispos of (D) | Derivative (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Employee Stock Option | \$37.92 | 04/20/2021 | | А | | 5,000 | | 04/21/2021 | 04/20/2031 | Common Stock | 5,000 | \$37.92 | 25,000 | D | |

Explanation of Responses:

Remarks:

/s/ Richmond Y. Holden Jr. 04/23/2021

** 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.