ACME UNITED CORP Form 4 March 05, 2012

#### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| OLSCHAN BRIAN S                      |                                   |                     | Symbol                            | 2. Issuer Name and Ticker or Trading Symbol ACME UNITED CORP [ACU] |                                      |         |            | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)   |  |   |  |
|--------------------------------------|-----------------------------------|---------------------|-----------------------------------|--|--------------------------------------|---------|------------|--|--|---|--|
|                                      | (First) E UNITED CO ILL ROAD      | (Middle) RP, 60     | 3. Date of (Month/D) 03/02/20     | -  | nsaction                             |         |            | _X_ Director _X_ Officer (give below)  | 10%  | Owner er (specify   |  |
|                                      | (Street)  O, CT 06824             |                     |                                   | ndment, Dat<br>hth/Day/Year)                                       | Č                                    |         |            | 6. Individual or Jo<br>Applicable Line)<br>_X_ Form filed by   |  | g(Check   |  |
| (City)                               | (State)                           | (Zip)               | Tabl                              | e I - Non-Do   | erivative S                          | Securit | ties Acq   | uired, Disposed o  | f, or Beneficial   | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction I<br>(Month/Day/Ye | ear) Executi<br>any | emed<br>on Date, if<br>/Day/Year) | 3.<br>Transactio<br>Code<br>(Instr. 8)                             | 4. Securit n(A) or Dis (Instr. 3, 4) | sposed  | of (D)     | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock                      | 03/02/2012                        |                     |                                   | D  | 11,750                               | D       | \$<br>10.1 | 69,950   | D  |   |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) |                                   |                     | ate             | 7. Title<br>Amoun<br>Under | int of<br>lying<br>ities | 8. Price of Derivative Security (Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene |
|---|---|---|---|---------------------------------------|-----------------------------------|---------------------|-----------------|----------------------------|--------------------------|--|---------------------------------|
|   | Derivative<br>Security                      |   |   |                                       | Securities<br>Acquired            |                     |                 | (Instr.                    | 3 and 4)                 |  | Owne<br>Follo                   |
|   |   |   |   |                                       | (A) or<br>Disposed                |                     |                 |                            |                          |  | Repo<br>Trans                   |
|   |   |   |   |                                       | of (D)<br>(Instr. 3,<br>4, and 5) |                     |                 |                            |                          |  | (Instr                          |
|   |   |   |   |                                       | 4, and 3)                         |                     |                 |                            | Amount                   |  |                                 |
|   |   |   |   |                                       |                                   | Date<br>Exercisable | Expiration Date | Title                      | or<br>Number<br>of       |  |                                 |
|   |   |   |   | Code V                                | (A) (D)                           |                     |                 |                            | Shares                   |  |                                 |

# **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |                                      |       |  |  |  |
|--|---------------|-----------|--------------------------------------|-------|--|--|--|
| <b></b>  | Director      | 10% Owner | Officer                              | Other |  |  |  |
| OLSCHAN BRIAN S<br>C/O ACME UNITED CORP<br>60 ROUND HILL ROAD<br>FAIRFIELD, CT 06824 | X             |           | Pres, Chief<br>Operations<br>Officer |       |  |  |  |

# **Signatures**

/s/ Brian S.

Olschan 03/05/2012

\*\*Signature of Person Date

Reporting Person

# **Explanation of Responses:**

- \* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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