FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

APPROVAI

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### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*     DelAversano Robert J		2. Date of Event Requiring Statement (Month/Day/Year) 01/05/2024	3. Issuer Name and Ticker or Trading Symbol Acasti Pharma Inc. [ ACST ]					
(Last) (First) (Middle)		101,00,202	Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
103 CARNEGI SUITE 300	E CENTER			X	Director Officer (give title below)	10% Owner Other (specify below)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person	
(Street) PRINCETON	NJ	08540		Vice President, Finance		Finance	Form filed by More than One Reporting Person	
(City)	(State)	(Zip)						

### Table I - Non-Derivative Securities Beneficially Owned

# Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security Indirect (I) (Instr. 5)		
Stock Options (Right to Buy)	(1)	12/19/2033	Class A Common Shares	42,000	2.125	D	

### **Explanation of Responses:**

1. (1) Stock options granted on December 19, 2023 under the Acasti Pharma Inc. Stock Option Plan, which options vest in equal quarterly installments over a period of 36 months.

/s/ Robert J. DelAversano

01/08/2024

Date

\*\* Signature of Reporting Person

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).