# 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

OMB APPI	ROVAL
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#### STATEMENT OF CHANGES IN 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

	pe Response	~)													
1. Name and Address of Reporting Person D'Alvise Janelle				2. Issuer Name and Ticker or Trading Symbol Acasti Pharma Inc. [ACST]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O ACASTI PHARMA INC., 3009 BOUL. DE LA CONCORDE, SUITE 102				3. Date of Earliest Transaction (Month/Day/Year) 11/12/2021							X_Officer (give title below) Other (specify below) PRESIDENT & CEO				
(Street) LAVAL, A6 H7E 2B5				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)						Ta	able I	- Non-Deri	vative Securiti	es Acquire	d, Disposed	of, or Benef	icially Owned		
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					Date, if Code (Instr		8) (1	A) or Disposed (instr. 3, 4 and 5) (A) or (D) (D)	Owned Followi Transaction(s) (Instr. 3 and 4)			C F C O	ovmership orm: B orect (D) C or Indirect (I	Beneficial Ownership	
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			Table II					in this facurre	s who respor form are not r ntly valid OM	equired to B control eficially Ov	respond ι number.				174 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if	(e.g., p) 4. Transact Code	tion D Se (I	alls, warr . Number	rants, r of e (A) ed of	in this t a curre nired, Dispo options, co	form are not rently valid OM  osed of, or Benonvertible securates  reisable and  Date	equired to B control eficially Ov ities)	orespond unumber.  wned  d Amount ying	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficia Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g., p) 4. Transact Code	tion D Se (I	Alls, warr . Number Derivative decurities Acquired ( or Dispose D) Instr. 3, 4	rants, r of e (A) ed of	in this in a current ired, Dispositions, conficulty of the Exercise Expiration in this	orm are not rently valid OM osed of, or Benevertible securicisable and Date y/Year)  Expiration	equired to B control eficially Ovities)  7. Title an of Underly Securities	orespond unumber.  wned  d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
D'Alvise Janelle C/O ACASTI PHARMA INC. 3009 BOUL. DE LA CONCORDE, SUITE 102 LAVAL, A6 H7E 2B5	X		PRESIDENT & CEO			

### **Signatures**

/s/ Jason Comerford, attorney-in fact for Ms. D'Alvise	11/16/2021
Signature of Reporting Person	Date

## **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).
- $\textbf{(1)} \ \ Based \ on \ conversion \ of exercise \ price \ of \ C\$2.05 \ into \ U.S. \ dollars \ based \ on \ an \ exchange \ rate \ of \ C\$1.00 = US\$0.7959 \ on \ the \ date \ of \ grant.$
- (2) Stock options granted on 11/12/2021 under Acasti Pharma Inc.'s Stock Option Plan and become exercisable evenly and on a quarterly basis over 36 months.

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.