FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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

1. Name and Addres	ess of Reporting Per	son *	2. Date of Event Requiring Statement (Month/Day/Year) 10/10/2023	l	3. Issuer Name and Ticker or Trading Symbol Acasti Pharma Inc. [ACST]				
(Last)	ast) (First) (Middle)		Relationship of Reporting Person(s) to Issu (Check all applicable)		,	5. If Amendment, Date of Original Filed (Month/Day/Year)			
C/O ACASTI PHARMA INC. 2572 BOUL. DANIEL-JOHNSON, 2ND FLOOR		X	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 Form filed by More than One Reporting				
(Street) LAVAL	A8	H7T 2R3						Person	
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	l '
Common Shares	370,354	D	
Common Shares	124,344	I	By Kottayil Grace Pharma LLC ⁽¹⁾

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 Ur Derivative Security (Instr. 4)	Conversion I 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 Indirect (I) Derivative (Instr. 5) Security	

Explanation of Responses:

1. Shares are held directly by Kottayil Grace Pharma LLC, of which George Kottayil is a Manager and Member.

/s/ George Kottayil 10/20/2023

** 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 5 (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).