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

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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
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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*     Gordon David N.					<u>Ac</u>	2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ ACRS ]							(Che	eck all applic Directo Officer	ationship of Reporting F k all applicable) Director Officer (give title below)		Person(s) to Issuer  10% Owner  Other (specify below)		
(Last) (First) (Middle) C/O ACLARIS THERAPEUTICS, INC. 640 LEE ROAD, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 07/02/2020									Ć	Officer				
(Street) WAYNE PA 19087						4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	tate) (	Zip)																
		Tabl	e I - Non-	-Deriva	ative	Sec	uriti	es Ac	quired	Dis	posed o	of, or E	3ene	eficial	y Owned	t c			
'''' '''			2. Transa Date (Month/D	/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		(A) or 3, 4 and	Benefici	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D	) or )	Price	Transac (Instr. 3	tion(s)			,,
Common Stock				07/02	2/2020				М		6,00	0 .	A	(1)	88	,895		D	
Common Stock 07				07/02	/2020			F <sup>(2)</sup>		1,36	0	D	\$1.5	87	87,535		D		
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 D if any (Month/Day/	oate,	1. Fransaction Code (Instr. 3)		n of E		Expiratio	s. Date Exercisal Expiration Date Month/Day/Year		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		expiration Date	Title	O N O	lumber					
Restricted stock units	(1)	07/02/2020			M			6,000	(3)		(3)	Commo Stock		6,000	\$0.00	12,000	0	D	

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of common stock of the issuer.
- 2. The transaction reported represents the withholding of shares by the Issuer to satisfy the Reporting Person's tax withholding obligations in connection with the vesting and settlement of the restricted stock units being reported in this Form 4.
- 3. The shares underlying these restricted stock units vest over a period of four years, with 25% vesting on the first, second, third and fourth anniversaries of the date of grant, beginning on July 2, 2019 and subject to the reporting person's continuous service with the issuer as of the applicable vesting date.

## Remarks:

/s/ Mark Ballantyne, Attorney-

in-fact

\*\* Signature of Reporting Person

Date

07/07/2020

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.