FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|-----|---------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
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hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | _ | | . , | | | | ilpariy Act | 01 10-10 | | | | | | | |
|--|--|--|---|--|---|--|-------------------|-----|---|---------------|--------------------|---|-------------------------|---|---|---|-------------------|--|--|
| 1. Name and Address of Reporting Person* Mehra Anand | | | | | | 2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS] | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| THE THE TANKETO | | | | | | | | | | | | | | X Directo | | X | _ | | |
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/29/2016 | | | | | | | | Officer below) | (give title | | Other (below) | specify | |
| C/O ACLARIS THERAPEUTICS, INC. | | | | | | | | | | | | | | | | | | | |
| 101 LINDENWOOD DRIVE, SUITE 400 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | , | filed by One | e Ren | ortina Pers | on |
| MALVERN PA 19355 | | | | | | | | | | | | | | i filed by More than One Repo | | | | | |
| (City) | (Si | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | Code (Instr. 5) | | | | A) or B, 4 and | Benefici | es ally Following | Form (D) o | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | nt (A) or (D) | | Price | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| | 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 Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of l | | 6. Date Exercisable al Expiration Date (Month/Day/Year) | | | nd 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | is I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | expiration Date | Title | or Nu of | nount imber ares | | | | | |
| Stock Option (right to buy) | \$18.32 | 06/29/2016 | | | A | | 6,632 | | (1) | O | 6/28/2026 | Commor Stock | 6, | ,632 | \$0.00 | 6,632 | : | D | |

Explanation of Responses:

1. The shares underlying this option vest in twelve equal monthly installments through June 29, 2017, subject to the reporting person's continuous service as of such vesting date.

Remarks:

/s/ Brian F. Leaf, Attorney-in-Fact 07/01/2016

Date

** Signature of Reporting Person

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

- * 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.