SEC Form 4	
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# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	urden
	0.5

			or Section So(n) of the investment Company Act of 1940						
1. Name and Address of Reporting Person* CHA ALBERT		Person*	2. Issuer Name <b>and</b> Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ ACRS ]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
CHA A	LBERI		<u></u>	X	Director	10% Owner			
	(First) ARIS THERAPEU	· · · · · · · · · · · · · · · · · · ·	3. Date of Earliest Transaction (Month/Day/Year) 10/07/2015		Officer (give title below)	Other (specify below)			
	101 LINDENWOOD DRIVE, SUITE 400		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fili	ng (Check Applicable			
(Street) MALVER	RN PA	19355		X	Form filed by One Re Form filed by More th Person				
(City)	(State)	(Zip)							

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(		
Common Stock	10/07/2015		Р		13,352	A	\$11	303,206	Ι	By funds <sup>(1)</sup>		

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

			( 3/1	,	,		,	• *			,				
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)	Code (	Transaction of Code (Instr. Derivation		ative rities ired osed . 3, 4	Expiration Date (Month/Day/Year) S		7. Title Amouri Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### **Explanation of Responses:**

1. The reporting person is one of the managing members of Vivo Ventures VII, LLC ("VV LLC"), which is the general partner of each of Vivo Ventures Fund VII, L.P. ("VVF") and Vivo Ventures VII Affiliates Fund, L.P. ("VVAF"), the record holders of the securities, and may be deemed to share voting and dispositive power over the securities held by VVF and VVAF. The reporting person disclaims beneficial ownership over such securities except to the extent of his pecuniary interest therein, and the inclusion of these securities in this report shall not be deemed an admission of beneficial ownership of the reported securities for purposes of Section 16 or for any other purposes.

#### **Remarks:**

<u>/s/ Brian F. L</u>	<u>_eaf, attorney-in-</u>	10/09/2015
<u>fact</u>		10/09/2013

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.

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