FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

on, b.c. 20049	OMB APPROVAL				
IN DENETICIAL OWNEDCHID	OMB Number:	3235-028			

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 or Section 30(h) of the Investment Company Act of 1940

OIVID APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person*  Ruffo Frank						2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ ACRS ]									heck all app Direc	ationship of Reporting k all applicable) Director Officer (give title		Person(s) to Issuer  10% Owner  Other (specify	
l	(Last) (First) (Middle) C/O ACLARIS THERAPEUTICS, INC. 640 LEE ROAD, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 12/18/2018										below)  Chief Financial C			spoon,
(Street) WAYNE			19087		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							ar)	6. Lir	ne) X Form Form	vidual or Joint/Group Filing (Check Applicabl Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriv	ative	e Se	curit	ies Ac	quired	l, Dis	posed	of, or	Ben	eficia	lly Owne	d			
1. Title of Security (Instr. 3)			Date	Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis		n Dispos	ecurities Acquired (A posed Of (D) (Instr. 3,			Benefi	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Cod	e V	Amoun	t (A) or (D)		Price	Transa	eu ction(s) 3 and 4)			(Instr. 4)
Common Stock			12/1	8/201	/2018		М		1,2	1,250		(1)	16	162,765		D			
Common Stock 12/18				8/201	3/2018		F <sup>(2)</sup>		35	356 D		\$6.	3 16	162,409		D			
		Т	able II - I (								osed o				y Owned				
Security or E (Instr. 3) Pric	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,		ransaction ode (Instr.		ı of E		Exercis on Date Day/Ye		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 Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	Code	v	(A)		Date Exercisa		Expiration Date	Title		Amount or Number of Shares					
Restricted Stock Units	(1)	12/18/2018			M			1,250	(3)		(3)	Comr		1,250	\$0.00	1,250		D	

## Explanation of Responses:

- 1. Restricted stock units convert into common stock on a one-for-one basis.
- 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. On December 18, 2015, the reporting person was granted 5,000 restricted stock units, vesting in four equal annual installments beginning on December 18, 2016, subject to the reporting person's continuous service with the issuer as of the applicable vesting date.

## Remarks:

/s/ Mark Ballantyne, Attorneyin-fact 12/21/2018

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.