FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

Г

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

Name and Address of Reporting Person* Fair Brett							2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify						
(Last) (First) (Middle) C/O ACLARIS THERAPEUTICS, INC. 640 LEE ROAD, SUITE 200							3. Date of Earliest Transaction (Month/Day/Year) 12/18/2018											Chief Commercial Officer						
(Street) WAYNE PA 19087						4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S)		(Zip)	. Doriv	·otiva		~i4i	ioo A		irod C	Nio.				oficial	l., O.								
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		e, :	3. Transact Code (In 8)	tion	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)) or 5. Am 4 and Secur Bene Owne		nt of es ally Following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							ſ	Code	v	Amount	(4	A) or D)	Price			saction(s) r. 3 and 4)			(111501.4)					
Common Stock 12/18/							2018			М		1,75	0	A	(1)	8,513			D					
Common Stock 12/18/							/2018			F ⁽²⁾		498	3 D		\$6.3	.3 8,015		015	D					
		Т	able II -									sed of onverti				Owr	ned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		ransaction ode (Instr.		5. Number 0		ate Exer iration D nth/Day/	ate	ble and 7. Tit Amo Secu Unde		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: ly Direct (D) or Indirec (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)			
				Cod	Code	v	(A)	(D)	Date Exe	e ercisable		piration tte	Title		Amount or Number of Shares	per								
Restricted Stock	(1)	12/18/2018			M			1,750		(3)		(3)	Comm		1,750	\$0.	00	1,750		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. The shares underlying these restricted stock units vest in two equal annual installments on December 18, 2018 and December 18, 2019, 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.

- * 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.