FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB Number: 3235-0287
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OMB APPROVAL

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* N. Albert D. Land				2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Walker Neal															X Direc		ctor 10% C		wner		
(Last)	(Fii	rst) (I	Middle)		3. D	Date of Earliest Transaction (Month/Day/Year)									\dashv	X	Office			Other below)	(specify
C/O ACI	ARIS THE	RAPEUTICS, II	NC.		09/	09/15/2016										President and CEO					
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					
(Street)												•		,	L	.ine)		·			
MALVEI	RN PA	. 1	.9355													X		n filed by On			
					-												Form Pers	n filed by More than One Reporting			
(City)	(St	ate) (2	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Co	Transaction Disposed Code (Instr. 5)			ties Acquired (A) d Of (D) (Instr. 3, 4			and Secur Benef Owne		cially I Following	Fori (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Co	ode V		Amount		A) or D)	Price			rted action(s) . 3 and 4)			(Instr. 4)
Common Stock 09/15/				5/2016	2016			J	(1)		81,68	6	A	\$0.00		867,193			D		
Common Stock 09/1				09/15	5/2016	/2016				(2)		4,790	,	A	\$0.00		871,983			D	
		To	ble II - I	Corivet	ivo C		rition	A 0.01	irod	Dior	_	sad of	or P	onofi	المنم	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	wood				
		Id										seu oi, onvertib					viieu				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) Execution if any (Month/Day/Year)		Date,	1 4. Date, Transactio Code (Insti		5. Number of		Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3	Deriv Secu	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v			Date Exer			Expiration Date	Amoun or Numbe of Shares		nber	1						

Explanation of Responses:

- 1. Liquidating distribution from NeXeption, LLC, of which the reporting person is a non-managing member, in accordance with NeXeption, LLC's Limited Liability Company Operating Agreement.
- 2. Pro rata distribution from NST, LLC, of which the reporting person is a non-managing member, in accordance with NST, LLC's Limited Liability Company Operating Agreement.

Remarks:

/s/ Brian F. Leaf, Attorney-infact 09/19/2016

** 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.