FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

on, D.C. 20549	OMB APPROVA

OMB Number: 3235-0287 Estimated average burden 05 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruct	tion 1(b).			File							rities Exchang Company Act		f 1934			Inodi	o per i	соропос.	0.0		
. Name and Address of Reporting Person* RA CAPITAL MANAGEMENT, LLC						2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last) (First) (Middle) 20 PARK PLAZA, SUITE 1200						3. Date of Earliest Transaction (Month/Day/Year) 10/19/2015								Officer (give title Other (specify below) below)							
(Street) BOSTON	OSTON MA 02116						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
		Tabl	e I - N	lon-Deriv	/ative	Sec	uritie	s Ac	quire	d, D	isposed o	f, or B	enefic	ially	Owne	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Dat		ecution Date, ny		ction Instr.		Acquired (A) or (D) (Instr. 3, 4 and		d 5)		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price			ed action(s) 3 and 4)			(Instr. 4)			
Common	ommon Stock 10/19/20				015	15			P		23,934	A	\$14.8	3763	2,303,877				See Footnote ⁽¹⁾		
Common	Stock			10/20/2	015				P		7,965	A	\$14.9	491	01 I 2 211 942 I I I				See Footnote ⁽¹⁾		
Common	Stock			10/21/2	015				P		3,100	A	\$14.8	311	11 2,314,942(2)				See Footnote ⁽¹⁾		
		Та	ble II								posed of, convertib				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transaction Code (Instr. 8)		5. Number		6. Date Exer Expiration I (Month/Day/		rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. I De Sec (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares								
		Reporting Person*	<u>NT, I</u>	LLC																	
(Last) 20 PARK		(First) UITE 1200	(1)	⁄liddle)																	
(Street)						-															

BOSTON MA 02116 (State) (City) (Zip) 1. Name and Address of Reporting Person* **Kolchinsky Peter** (Last) (First) (Middle) C/O RA CAPITAL MANAGEMENT, LLC 20 PARK PLAZA, SUITE 1200 (Street) **BOSTON** MA 02116 (City) (State) (Zip)

Explanation of Responses:

and therefore disclaim any obligation to report ownership of or transactions in the reported securities under Section 16a of the Exchange Act. The filing of this Form 4 shall not be construed as an admission that either the Adviser or Mr. Kolchinsky is or was, for purposes of Section 16 of the Securities Exchange Act of 1934, the beneficial owner of any of the securities reported herein.

2. The reported securities are owned by RA Capital Healthcare Fund, L.P. (the "Fund") and an account owned by Blackwell Partners, LLC (the "Blackwell Account"). Following the reported transactions, the Fund held 1,937,212 shares and the Blackwell Account held 377,730 shares. RA Capital Management, LLC (the "Adviser") is the general partner of the Fund and the investment adviser of the Blackwell Account. Peter Kolchinsky is the sole manager of the Adviser. In their respective capacities, each of Mr. Kolchinsky and the Adviser may be deemed to beneficially own the reported securities for purposes of Section 13(d) of the Exchange Act.

/s/ Peter Kolchinsky, Peter
Kolchinsky, Manager of RA 10/21/2015

Capital Management, LLC

<u>s/ Peter Kolchinsky, Peter Kolchinsky, individually</u> 10/21/2015

** 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.