| 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). |

1. Name and Address of Reporting Person

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act or Section 30(h) of the Investment Company Act of 194

2. Issuer Name and Ticker or Trading Symbol

Aclaris Therapeutics, Inc. [ACRS]

| OMB APPROVAL | | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average bu | urden | | | | | | | | | |

| t of 1934 0 | | hours per response: | 0.5 |
|----------------|---------------------------------------------|--------------------------------------|-----|
| | 5. Relationship of R (Check all applicab | Reporting Person(s) to Issuer le) | |

| INIOIIIIeaux | Christopher | <u>P.</u> | L | X | Director | 10% Owner | | | |
|----------------------------------------------------------------------------------|------------------------|-----------------------------------------|----------------------------------------------------------------|--------------------|---------------------------------|-----------------------|--|--|--|
| | (First) IS THERAPEU | , i i i i i i i i i i i i i i i i i i i | 3. Date of Earliest Transaction (Month/Day/Year) 03/17/2017 | | Officer (give title below) | Other (specify below) | | | |
| IUI LINDEN | WOOD DRIVI | 2, SUITE 400 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi Line) | idual or Joint/Group Fili | ing (Check Applicable | | | |
| (Street) | | | | X | Form filed by One Re | eporting Person | | | |
| MALVERN | PA | 19355 | | | Form filed by More th Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |

4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 6. Ownership Form: Direct 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 5. Amount of 7. Nature Date Execution Date. Transaction Securities of Indirect (Month/Day/Year) if any (Month/Day/Year) (D) or Indirect (I) (Instr. 4) Beneficial Ownership Code (Instr. Beneficially 8) Owned Following Reported (Instr. 4) (A) or (D) Transaction(s) v Price Code Amount (Instr. 3 and 4) Common Stock 03/17/2017 6,702 A D Μ \$0.41 6,702 Common Stock 03/17/2017 7,294 Μ 592 A \$1.52 D Common Stock 03/17/2017 Μ 311 \$0.72 7.605 D Α

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

| 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) | 4. Transa Code (8) | | of Deri Sec Acq (A) o Disp of (I (Inst | | | Expiration Date An (Month/Day/Year) Se Ur De | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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 | | | | |
| Stock option (right to buy) | \$0.41 | 03/17/2017 | | М | | | 6,702 | (1) | 01/28/2024 | Common Stock | 6,702 | \$0.00 | 1,993 | D | |
| Stock option (right to buy) | \$1.52 | 03/17/2017 | | М | | | 592 | (2) | 12/07/2024 | Common Stock | 592 | \$0.00 | 462 | D | |
| Stock option (right to buy) | \$0.72 | 03/17/2017 | | М | | | 311 | (3) | 08/12/2024 | Common Stock | 311 | \$0.00 | 171 | D | |

Explanation of Responses:

1. 25% of the shares underlying this option vested on January 29, 2015 and the remaining shares vest in 36 equal monthly installments thereafter, subject to the reporting person's continued service with the Issuer as of the applicable vesting date

2. 25% of the shares underlying this option vested on December 8, 2015 and the remaining shares vest in 36 equal monthly installments thereafter, subject to the reporting person's continued service with the Issuer as of the applicable vesting date

3. 25% of the shares underlying this option vested on August 13, 2015 and the remaining shares vest in 36 equal monthly installments thereafter, subject to the reporting person's continued service with the Issuer as of the applicable vesting date.

Remarks:

/s/ Brian F. Leaf, attorney-in-

03/21/2017

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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