FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

1. Name and Address of Reporting Person $^*$ $\underline{Fair\ Brett}$					2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ ACRS ]									eck all appli Direct	cable) or	g Person(s) to Iss 10% Ov		vner		
(Last) C/O ACI 640 LEE		3. Date of Earliest Transaction (Month/Day/Year) 12/15/2018										X Officer (give title Other (specify below)  Chief Commercial Officer								
(Street) WAYNE PA 19087					_   4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(5)			n-Deriv	/ative	Se.	curiti	ies Ar	nuired	Die	nosed (	of or l		eficial	ly Owner					
1. Title of Security (Instr. 3) 2. Tran		2. Trans	action	action 2A. I Exec Day/Year) if an		ZA. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amou Securiti Benefici Owned	int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A	) or )	Price	Reporte Transac (Instr. 3	tion(s)		[	(Instr. 4)		
Common Stock 12/15				5/2018	018		М		1,01	3	A	(1)	7,	7,051		D				
Common Stock 12/1			5/2018	/2018		F <sup>(2)</sup>		288		D	\$7.31	6,	5,763		D					
		Т	able II -								osed of onverti				Owned					
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/Day	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Ily Dire or I	10. Downership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	0 N	Amount or Number of Shares	er					
Restricted Stock	(1)	12/15/2018			M			1,013	(3)	$\top$	(3)	Commo		1,013	\$0.00	2,025		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 15, 2016, the reporting person was granted 8,100 restricted stock units. 50% of the shares underlying these restricted stock units vested on May 7, 2018 upon the achievement of a specified commercial milestone. The other 50% of the shares underlying the restricted stock units vest in four equal annual installments beginning on December 15, 2017, subject to the reporting person's continuous service with the issuer as of the applicable vesting date.

## Remarks:

/s/ Mark Ballantyne, Attorneyin-fact

<u>12/18/2018</u>

\*\* 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.