SEC For	m 4 FORM	4	UNITED) STAT	ES S	SECUI	RITIE	S ANI	DE	XCHAN	IGE CO	OMMIS	SION				
						Washing				OMB APPROVAL							
Section obligat	this box if no lo n 16. Form 4 or ions may contir tion 1(b).	STATEMENT OF CHANGES IN BENEFICIAL OWNEI Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934										IIP	Estim	OMB Number: 3235-028 Estimated average burden hours per response: 0.1			
110000				Thea						mpany Act o		54		<u>. </u>			
1. Name and Address of Reporting Person [*] Loerop James					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) 02/01/2023								below)	nief Bus	iness (below)	, ,
(Street) WAYNE					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line) X	,				
(City)	(State) (Zip)												<i>a by</i> mor	o alan		ung roroon	
		Т	able I - Nor	n-Deriva	tive S	Securiti	es Acc	quired,	Dis	posed of	, or Ben	eficially	Owned				
Date				2. Transac Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)				es Acquired (A) or Of (D) (Instr. 3, 4 and 5) (A) or (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct II (D) or Indirect II (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock 02				02/01/2	/2023		М		11,250	A	(1)	11,250			D		
			Table II -							osed of, o convertib			wned				
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/Ye	Code	action (Instr.			Expiration D (Month/Day/ (A) or of (D)		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followir Reporte	ve es ially 1g	10. Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Transac (Instr. 4)	tion(s)		
Employee Stock Option (Right to Buy)	\$ 16.97	02/01/2023		A		105,000		(2)		01/31/2033	Common Stock	105,000	\$0.00	105,0	000	D	
Restricted Stock	(1)	02/01/2023		А	30,000		(3)		(3)	Common	30,000	\$0.00	30,0	00	D		

Stock Units Α Restricted (1) 02/01/2023 Μ 11,250 Stock Units

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of common stock of the issuer.

2. Exercisable with respect to 25% of the shares subject to the option vesting in four equal installments on the first, second, third and fourth anniversaries of February 1, 2023, subject to the Continuous Service of the Reporting Person (as defined in the Plan) as of each such date.

(4)

3. The shares underlying these restricted stock units vest in four equal installments on the first, second, third and fourth anniversaries of February 1, 2023, subject to the Continuous Service of the Reporting Person (as defined in the Plan) as of each such date.

4. The shares underlying these restricted stock units vest in four equal annual installments beginning on February 1, 2023, subject to the Reporting Person's continuous service with the Issuer as of the applicable vesting date

Remarks:

/s/ Mark Ballantyne, Attorney-02/03/2023 in-Fact

** Signature of Reporting Person Date

11,250

\$0.00

33,750

D

Stock

Common

Stock

(4)

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.