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 S	ectior	n 30(h) oi	t the I	nvestmen	Con	npany Act	of 194	40						
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Ali-Jackson Kamil</u>														Directo	-		10% Ow		
														_ :	Officer below)	(give title		Other (s below)	pecify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 12/15/2016									Chief Legal Officer					
C/O ACLARIS THERAPEUTICS, INC.				12/10/2010											5				
101 LINI	DENWOOI	D DRIVE, SUIT	E 400		4 If A	Amen	dment D	ate o	f Original I	iled	(Month/Da	v/Yea	ar)	6 In	dividual or .1	loint/Groun	Filing	(Check Anr	nlicable
((0)				7. "/	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MALVERN PA 19355														X Form filed by One Reporting Person					
IVIALVEINIV FA 15000														Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)												Person				
		Tab	le I - Non	-Deriv	ative	Sec	urities	Acc	quired,	Disp	osed o	f, or	Bene	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Dat			Date,	e, Transaction Dis Code (Instr. 5)		Disposed	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				es Form ally (D) o Following (I) (Ir		: Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)	
		-	Table II - I (iired, D , option		,			•	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date, Ti	4. Transaction Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)				tle and / ecurities erlying vative S rr. 3 and	ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
												0							

Explanation of Responses:

\$28.92

(2)

1. The option will vest over a period of four years, with 25% of the shares underlying the option vesting on the first, second, third and fourth anniversaries of the date of grant.

(A)

83,200

13,866

- 2. Each restricted stock unit represents a contingent right to receive one share of common stock of the issuer.
- 3. Subject to the reporting person's continuous service with the issuer as of the applicable vesting date, 50% of the shares underlying these restricted stock units will vest in four equal annual installments beginning on December 15, 2017 and the other 50% of the shares underlying these restricted stock units will vest upon the achievement of a specified commercial milestone.

Date

Exercisable

(1)

(3)

(D)

Remarks:

Stock option

buy)
Restricted

(right to

stock units

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

of Shares

83,200

13,866

\$0.00

\$0.00

<u>fact</u>

Expiration

12/14/2026

(3)

Title

Commo

Stock

Commo

Stock

** Signature of Reporting Person

Date

12/19/2016

83,200

13,866

D

D

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).

12/15/2016

12/15/2016

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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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.