FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington.	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box if no longer subject to

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Monahan Joseph					2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]								(Chec	k all app Direc	cionship of Reporti all applicable) Director Officer (give title		rson(s) to Is 10% Ov Other (s	wner	
(Last) (First) (Middle) C/O ACLARIS THERAPEUTICS, INC. 701 LEE ROAD, SUITE 103					3. Date of Earliest Transaction (Month/Day/Year) 12/10/2024								J	belov	below) Officer	opeony			
(Street) WAYNE (City)	PA	. 1	9087 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Ind Line)	_				
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benef	ciall	y Own	ed			
Date			2. Transac Date (Month/Da	Day/Year) Exec		A. Deemed xecution Date, any flonth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed C		es Acqı Of (D) (uired (A Instr. 3,	, 4 and Securi Benefi		ities Folicially (D		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or Pi	ice	Transa	ction(s) 3 and 4)			(IIISU. 4)
Common Stock 12,				12/10/	2024		G		15,000	I)	\$0 17		1,783		D			
Common Stock															193			By Spouse	
		Tal									osed of, o				Owne	d	,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transa Code (8)		of Deriv	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	. Price of Perivative Pecurity Pecurity Pecurity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

/s/ Matthew Rothman, Attorney-in-Fact

12/12/2024

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).