FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

	Check this box if no longer subject to
)	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(h)

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* <u>Gordon David N.</u>						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 Officer (give title Other (specify							
(Last) C/O ACI	(Fi LARIS THE		3. Date of Earliest Transaction (Month/Day/Year) 07/02/2019										X below	эрсспу									
640 LEE ROAD, SUITE 200							If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) WAYNE PA 19087																	ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)						Ferson																	
		Tab	le I - Noi	า-Deriv	ative	Sec	curiti	ies Ac	qui	ired, I	Disp	osed o	of, or	Ben	neficial	ly Owne	d						
1. Title of Security (Instr. 3) 2. Transa Date (Month/E						h/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year		3. Transac Code (II 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Benefic	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						-	Code	v	Amount	() ()	A) or O)	Price	Transa (Instr. 3	tion(s)	ion(s)		(3 4)						
Common Stock 07/02/2							2019			M		6,000	0	A	(1)	6	6,000		D				
Common Stock 07/02/							2019			F ⁽²⁾		1,64	8	D	\$2.34	4	,352		D				
		Т	able II -	Derivat (e.g., p												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 Datif any (Month/Day/Ye	Date, Transa Code (of I		Exp	ate Exe piration pnth/Day	Date		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exe	e rcisable		opiration	Title		Amount or Number of Shares	er							
Restricted Stock	(1)	07/02/2019			M			6,000		(3)		(3)	Comm		6,000	\$0.00	18,000)	D				

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of common stock of the issuer.
- 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. The shares underlying these restricted stock units vest over a period of four years, with 25% vesting on the first, second, third and fourth anniversaries of the date of grant, beginning on July 2, 2019 and subject to the reporting person's continuous service with the issuer as of the applicable vesting date.

Remarks:

/s/ Mark Ballantyne, Attorneyin-fact 07/03/2019

** 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.