FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
Section 16. Form 4 or Form 5		

l	OMB APPE	ROVAL
	OMB Number:	3235-0287
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l	hours per response.	0.5

Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* <u>Humphries William D.</u>					2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ ACRS ]									tionship c all applic Directo	able)	g Pers	on(s) to Issi			
(Last) (First) (Middle) C/O ACLARIS THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/01/2016									Officer below)	(give title		Other (s below)	pecify		
101 LINDENWOOD DRIVE, SUITE 400					4. I	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 Form filed by More than One Reporting Person								
(City)	(Si	tate)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Instr. 5)			, 4 and Se Be		5. Amount of Securities Beneficially Owned Following Reported		Direct ( Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership						
								Code V		Amount	(A) or (D) Pi			Transacti (Instr. 3 a	tion(s)			(Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
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/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se	curity Str. 5) B	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares							
Stock Option (right to buy)	\$20.68	09/01/2016			A		10,000		(1)	0	8/31/2026	Common Stock	10,000		\$0.00	10,000	)	D		

## **Explanation of Responses:**

1. This option will vest and become exercisable in 36 equal monthly installments through September 1, 2019, subject to the reporting person's continuous service as of such vesting dates.

## Remarks:

/s/ Brian F. Leaf, Attorney-in-09/02/2016 fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.