FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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).

	tion 1(b).	140. 000		Filed							es Exchangen es Exchangen es Exchange		1934		liouis	s per respor		0.5	
1. Name and Address of Reporting Person* Powell Andrew Kenneth William (Last) (First) (Middle) C/O ACLARIS THERAPEUTICS, INC. 640 LEE ROAD, SUITE 200 (Street) WAYNE PA 19087					2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS] 3. Date of Earliest Transaction (Month/Day/Year) 11/08/2022									heck all app	ationship of Reporting Person k all applicable) Director			n(s) to Issuer	
															Officer (give title below)		Other (s below)		
					4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X Forn	Form filed by More than			on		
(City)	(St	ate) (Z	Zip)											Peis	OII				
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	or Be	nefic	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ay/Year) if an		. Deemed ecution Date, ny onth/Day/Year)				ies Acquired (A Of (D) (Instr. 3		nd Securi Benefi Owned	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price		ted action(s) 3 and 4)			(Instr. 4)				
Common Stock 11/08/2						/2022			G	V	4,000	D	\$ <mark>0</mark> .	00	9,856	D			
		Tal									osed of, o				d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)		4. Transa Code (8)			ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration		Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership t (Instr. 4)				

Explanation of Responses:

Remarks:

/s/ Mark Ballantyne, Attorney-01/20/2023 in-Fact

** Signature of Reporting Person

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.