FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, B.C. 20040

ONB APPROVAL										
OMB Number:	3235-0287									
Estimated average	hurdon									

0.5

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Humphries William D.					2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>numpimes wimam D.</u>					I^{-}			1	,	-	-		:	X Directo	r	10% Ov	vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/06/2019								Officer (give title Other (speci below) below)			specify		
C/O ACLARIS THERAPEUTICS, INC.																		
640 LEE ROAD, SUITE 200					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)													- 1	,	led by One Re	oorting Person	n	
WAYNE	PA	A	19087											_	,	Ü		
												Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
		Tak	ole I - Nor	n-Deriv	ative	e Se	curities	Acc	quired, D	ispo	sed of	, or Ber	neficiall	y Owned				
Date						2A. Deemed Execution Date, if any (Month/Day/Yea		Date,	Code (Instr. 5)				5. Amour Securitie Beneficia Owned F	es Form ally (D) of following (I) (Ir	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code V	A	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)		(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
				(e.g., p	iuis,	Call	S, Waiia	unts,	, options	, cor	ivertib	ie secu	illes)	1				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Execution (Month/Day/Year) if any	3A. Deemed Execution D if any (Month/Day)	ate, Ti	I. Fransaction Code (Instr. 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			1										Amount		(Instr. 4)			
													or Number					
				С	Code	v	(A)	(D)	Date Exercisable		piration te	Title	of Shares					
Restricted Stock Units	(1)	06/06/2019			A		7,333 ⁽²⁾		(3)		(3)	Common Stock	7,333	\$0.00	7,333	D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of common stock of the issuer.
- 2. This grant was made pursuant to the issuer's amended and restated non-employee director compensation policy.
- 3. The shares underlying these restricted stock units vest on June 6, 2020, subject to the Reporting Person's continuous service with the issuer as of the vesting date.

Remarks:

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

<u>Fact</u>

** Signature of Reporting Person

06/10/2019

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.