FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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)

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* Gordon David N.					2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]								eck all applica Director	tionship of Reporting all applicable) Director Officer (give title		10% Ow	ner	
(Last) (First) (Middle) C/O ACLARIS THERAPEUTICS, INC. 640 LEE ROAD, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 03/02/2020								Chief Medical Officer					
(Street) WAYNE (City)		A State)	19087 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) Solution: X Form filed by One Reporting Form filed by More than Or Person							ting Person						
1. Title of Security (Instr. 3) 2. Trans. Date								3. Transaction Code (Instr. 8) 4. Securities Acquirt Disposed Of (D) (Instr. 8)			s Acquired	I (A) or	5. Amount Securities Beneficial Owned Fo	ly	Form: (D) or	: Direct In r Indirect B str. 4) O	'. Nature of ndirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price	Transaction	Reported Transaction(s) (Instr. 3 and 4)		((Instr. 4)		
Common	Stock			03/02/	2020			M 20,600 A (1) 24,952 D										
Common	Stock			03/02/	2020			F ⁽²⁾		5,512	D	\$1.20	6 19,440 D					
			Table II -							osed of, o			Owned					
1. Title of Derivative Security (Instr. 3)	ive Conversion Date y or Exercise (Month/Day/\)		xercise (Month/Day/Year) if any (Month/Day/Year)		4. Transaction Code (Instr.)		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 derivative Securities Beneficial Owned Followin	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Share	5	Reported Transact (Instr. 4)				
Restricted stock units	(1)	03/02/2020		М			20,600	(3)		(3)	Common Stock	20,600	\$0.00	61,80	00	D		
Employee Stock Option (Right to Buy)	\$1.26	03/02/2020		A		116,160		(4)		03/01/2030	Common Stock	116,16	\$0.00	116,1	60	D		
Restricted stock units	(1)	03/02/2020		A		33,189		(5)		(5)	Common Stock	33,189	\$0.00	33,18	89	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
- 3. The shares underlying these restricted stock units vest in four equal annual installments beginning on March 1, 2020, subject to the Reporting Person's continuous service with the issuer as of the applicable vesting
- 4. Exercisable with respect to 25% of the shares subject to the option vesting on each of the first, second, third and fourth anniversaries of the grant date, subject to Reporting Person's continuous service through each
- 5. The shares underlying these restricted stock units vest in four equal annual installments beginning on March 2, 2021, subject to the Reporting Person's continuous service with the issuer as of the applicable vesting

Remarks:

/s/ Mark Ballantyne, Attorney-

03/04/2020

** 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.