Edgar Filing: Fair Brett - Form 4

Fair Brett Form 4 February 05, FORN Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	14 UNITEI is box ger 6. or ns tinue. Section 17	EMENT O ursuant to 7(a) of the	Was F CHAN Section 10	Shington, GES IN I SECUR 6(a) of the ility Hold	D.C. 20 BENEFI ITIES Securit ing Com	549 [CIA ies E ipany	L OW xchang	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectic 40	OMB Number: Expires: Estimated a burden hou response	irs per	
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Fair Brett			2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]				-	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of	3. Date of Earliest Transaction (Check all applic					ck all applicable	e)	
C/O ACLARIS THERAPEUTICS, INC., 640 LEE ROAD, SUITE 200			(Month/Day/Year) 02/01/2019					Director 10% Owner Officer (give title Other (specify below) below) Chief Commercial Officer			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person					
WAYNE, P	A 19087							Form filed by I Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative	Securi	ities Acc	uired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	emed on Date, if 'Day/Year)	3. Transactic Code (Instr. 8) Code V	on(A) or D (D) (Instr. 3,	ispose 4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	02/01/2019			М	3,875	A	<u>(1)</u>	11,890	D		
Common Stock	02/01/2019			F <u>(2)</u>	1,308	D	\$ 6.96	10,582	D		

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

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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. Transacti Code (Instr. 8)	5. Number onof 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 Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	(1)	02/01/2019		М	3,875	(3)	(3)	Common Stock	3,875	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Fair Brett C/O ACLARIS THERAPEUTICS, INC. 640 LEE ROAD, SUITE 200 WAYNE, PA 19087			Chief Commercial Officer				
Signatures							
/s/ Mark Ballantyne							

Attorney-in-fact 02/05/2019

**Signature of Reporting Person

Date

Explanation of Responses:

* 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).

- (1) Restricted stock units convert into common stock on a one-for-one basis.
- (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 in four equal annual installments beginning on February 1, 2019, subject to the reporting person's continuous service with the issuer as of the applicable vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.