### Edgar Filing: Aclaris Therapeutics, Inc. - Form 4

Aclaris Therapeutics, Inc. Form 4 September 28, 2016

September 28	5, 2010									
FORM Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	Washington, D.C. 20549 box T STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 1000. 20(b) of the Investment Company Act of 1940							OMB APPROVAL OMB 3235-0287 Number: January 31 2005 Estimated average burden hours per response 0.5		
Print or Type R	esponses)									
1. Name and Ad Ali-Jackson	2. Issuer Name <b>and</b> Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]					5. Relationship of Reporting Person(s) to Issuer				
(Last) C/O ACLAR INC., 101 LI SUITE 400	3. Date of Earliest Transaction (Month/Day/Year) 09/26/2016					(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Chief Legal Officer				
MALVERN,	(Street) , PA 19355			ndment, Da th/Day/Year	-	1		6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	one Reporting Per	rson
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Day/(Instr. 3)any (Month/Day)		ned3.4. Securities Acquireda Date, ifTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)			d of (D)	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	09/28/2016			М	1,841	А	\$ 0.72	77,798	D	
Common Stock	09/28/2016			S <u>(1)</u>	1,841	D	\$ 24.66 (2)	75,957	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. Transactiv Code (Instr. 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee StockOption (right to buy)	\$ 0.72	09/26/2016		М		1,841	(3)	08/12/2024	Common Stock	1,841

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Ali-Jackson Kamil C/O ACLARIS THERAPEUTICS, INC 101 LINDENWOOD DRIVE, SUITE 4 MALVERN, PA 19355			Chief Legal Officer					
Signatures								
/s/ Brian F. Leaf, Attorney-in-fact	09/28/2016							

\*\*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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 14, 2016.

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$24.31

to \$24.84, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

25% of the shares underlying this option, representing a right to purchase a total of 4,017 shares, vested on August 13, 2015 and the

(3) remaining shares vest in 36 equal monthly installments thereafter, subject to the reporting person's continued 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.