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Aclaris Therapeutics,	Inc.								
Form 4									
July 01, 2016									PPROVAL
FORM 4 UN	NITED S	TATES					COMMISSION	N OMB	3235-0287
Check this box			vv a	shington	, D.C. 20	1549		Number: Expires:	January 31,
Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934								2005 average urs per . 0.5
obligations	-) of the F	Public U	Itility Hol	ding Cor		of 1935 or Section	on	
(Print or Type Responses)									
1. Name and Address of Reporting Person <u>*</u> Mehra Anand			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer			
				Therapeu		. [ACRS]	(Check all applicable)		
(Last) (First) C/O ACLARIS THE INC., 101 LINDENV	RAPEUT			of Earliest T Day/Year) 2016	ransaction		X Director Officer (giv below)		% Owner her (specify
SUITE 400									
(Street) MALVERN, PA 193				endment, D onth/Day/Yea	-	l	 6. Individual or . Applicable Line) _X_ Form filed by Form filed by Person 		Person
(City) (State)	(2	Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	ally Owned
1.Title of Security (Instr. 3)2. Transact (Month/Da	y/Year) I		ed Date, if	3. Transactio Code	4. Securit	ies (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect
				Code V	Amount	(D) Price	(Instr. 3 and 4)		
Reminder: Report on a sep	oarate line f	for each cla	ass of sec	urities bene	ficially ow	ned directly o	or indirectly.		
					Perso inforn requir	ns who res nation cont red to response ays a current	spond to the colle tained in this form ond unless the fo ntly valid OMB co	i are not rm	SEC 1474 (9-02)
1. Title of 2.			puts, call	s, warrants		convertible	Beneficially Owned securities) 6. Date Exercisa		. Title and Amoun

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Nur	mber	6. Date Exercisable and	7. Title and Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Der	rivative	Expiration Date	Underlying Securities	Der

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 3	nstr. 8) Acquire (A) or Dispose (D)		A) or hisposed of D) nstr. 3, 4,		'Year)	(Instr. 3 and	and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 18.32	06/29/2016		А		6,632		<u>(1)</u>	06/28/2026	Common Stock	6,632	

Reporting Owners

**Signature of Reporting Person

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Mehra Anand C/O ACLARIS THERAPEUTICS, INC. 101 LINDENWOOD DRIVE, SUITE 400 MALVERN, PA 19355	Х	Х						
Signatures								
/s/ Brian F. Leaf, Attorney-in-Fact	01/2016							

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 shares underlying this option vest in twelve equal monthly installments through June 29, 2017, subject to the reporting person's continuous service as of such 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.