Allouche Cyril Form 4 January 23, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box

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 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

(Print or Type Responses)

1(b).

Common

Common

Stock

Stock

01/22/2019

01/22/2019

| 1. Name and A Allouche Cy | ng Person * | 2. Issuer Name and Ticker or Trading Symbol Revance Therapeutics, Inc. [RVNC] | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|--------------------------------------|------------------------------------|---|--------------------------------|--|--|--|--|----------|--|
| (Lost) | (First) | (Middle) | | • | | (Chec | :) | | |
| (Last) | (FIISI) | (Middle) | | Earliest Tr | ansaction | | | | |
| C/O REVAI INC., 7555 | · · | (Month/Day/Year) 01/22/2019 | | | Director 10% Owner X Officer (give title Other (specify below) below) Principal Accounting Officer | | | | |
| (Street) | | | 4. If Amendment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | |
| NEWARK, | | Filed(Month/Day/Year) | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-E | Derivative Securities Acq | uired, Disposed o | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Execution | | 3. Transactio Code (Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |

Code V Amount

625

625

M

 $S^{(1)}$

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

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Reported

4,625

4,000

Transaction(s) (Instr. 3 and 4)

D

D

(A)

(D)

A

D

Price

13.35

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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 on f 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) | |
|---|---|--------------------------------------|---|---------------------------------------|---|--|--------------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (Right to Buy) | \$ 13.35 | 01/22/2019 | | M | 625 | (2) | 10/30/2026 | Common Stock | 625 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Allouche Cyril C/O REVANCE THERAPEUTICS, INC. 7555 GATEWAY BLVD NEWARK, CA 94560

Principal Accounting Officer

8. F Der Sec (Ins

Signatures

/s/ Gordon Ho, Attorney-in-Fact 01/23/2019

**Signature of Reporting Person Da

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 previously adopted by Mr. Allouche.
 - The Option vests in accordance to the following schedule: 25% on the first anniversary of the vesting commencement date of October 31,
- (2) 2016, and 1/48th vesting each month thereafter for the remaining three years, subject to Mr. Allouche's Continuous Service (as defined in the Issuer's 2014 Equity Incentive Plan) as of such 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.

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