Tullman Stephen A. Form 4 October 05, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

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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

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * Tullman Stephen A.				er Name an			g I	5. Relationship of Reporting Person(s) to Issuer			
			Aclaris Therapeutics, Inc. [ACRS]					(Check all applicable)			
(Last)	(First)	Middle)	3. Date of Earliest Transaction								
			(Month/Day/Year)					X_ Director 10% Owner Officer (give title Other (specify			
C/O ACLARIS THERAPEUTICS, INC., 640 LEE ROAD, SUITE 200			10/04/2018					below) below)			
(Street) 4				endment, [Oate Origin	ıal	(6. Individual or Joint/Group Filing(Check			
File				onth/Day/Ye	ar)			Applicable Line)			
WAYNE, PA 19087							_	_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
WATNE, FA 1906/							I	Person			
(City)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own									ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transacti Code (Instr. 8)	omr Dispo (Instr. 3,	sed of 4 and (A) or	Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (I) (Instr. 4)		
Common Stock	10/04/2018			P(1)	7,100	A	\$ 13.9958 (2)	177,457	D		
Common Stock								394,014	I	By Trust	

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	f 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	e Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr.	. 3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
							Expiration Date	T:41-	or Namel		
									Number		
				C-1- V	(A) (D)				of		
				Code v	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Tullman Stephen A. C/O ACLARIS THERAPEUTICS, INC. 640 LEE ROAD, SUITE 200 **WAYNE, PA 19087**



Signatures

/s/ Mark Ballantyne, Attorney-in-fact

10/05/2018

**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).
- The purchase reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the record holder of the securities **(1)** on March 23, 2018.
- This transaction was executed in multiple trades at prices ranging from \$13.90 to \$14.00, inclusive. The price reported in Column 4 is a weighted average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the transactions were effected.
- (3) These shares are held by the 2007 Irrevocable Trust of Stephen A. Tullman, for which the reporting person's spouse serves as the trustee. 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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