FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB API	PROVAL
OMB Number:	3235-0287

		OMB APPROVAL			
eck this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
ction 16. Form 4 or Form 5	CIATEMENT OF CHANGES IN BEINEFIGIAL CHARLOTIN	Estimated average bur			
ligations may continue. See struction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5		
.,	or Section 30(h) of the Investment Company Act of 1940				

Name and Address of Reporting Person* Molineaux Christopher P.						2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]								(Ch	neck all a	ationship of Reportin k all applicable) Director		ng Person(s) to Iss 10% Ow			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023									Officer (give title below)			Other (below)	specify		
C/O ACLARIS THERAPEUTICS, INC. 640 LEE ROAD, SUITE 200					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street) WAYNE PA 19087						A										Fo	Form filed by More than One Reporting Person				
(City)	(Si	tate) ((Zip)	\int_{Π}	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		ative	ive Securities Acquired, Disposed of, or Benefi								eficia	icially Owned									
1. Title of Security (Instr. 3) 2. Trans Date (Month/It					action Day/Year)	Execution (y/Year) if any					Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			, 4 and Securit Benefic Owned		ies For cially (D) Following (I) (wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
										Code	v	Amount	t	(A) or (D)	Price	Reporte Transac (Instr. 3		ction(s)			(Instr. 4)
Common	Stock			06/15	/2023	2023				M		51		A	\$0.7	2 31		1,805		D	
Common	Stock			06/15	′2023					M		198 A		\$1.5	2	32,003			D		
		Ta	able II -	Deriva (e.g., p												y Own	ed				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, if any			n Date,	4. Transac Code (Ir 8)		of Deri Secu Acqu (A) o Disp of (D	vative urities uired or losed o)	Ex	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Da Ex	te ercisable		piration ate	Title	O N	Amount or Jumber of Shares						
Stock Option (right to buy)	\$0.72	06/15/2023			M			51		(1)	08	/12/2024	Comn		51	\$0.00)	0		D	
Stock Option (right to buy)	\$1.52	06/15/2023			M			198		(2)	12	/07/2024	Comn		198	\$0.00)	0		D	

Explanation of Responses:

- 1. 25% of the shares underlying this option vested on August 13, 2015 and the remaining shares vested in 36 equal monthly installments thereafter, subject to the reporting person's continued service with the Issuer as of the applicable vesting date.
- 2. 25% of the shares underlying this option vested on December 8, 2015 and the remaining shares vested in 36 equal monthly installments thereafter, subject to the reporting person's continued service with the Issuer as of the applicable vesting date.

Remarks:

/s/ Mark Ballantyne, Attorney-06/20/2023 in-Fact

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.