FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

Check this box if no longer subject to Section 16. Form 4 or Form 5	STAT
obligations may continue. See Instruction 1(b).	

TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Cawkwell Gail						2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]								(Ch	eck all appli Directo	cable)	ıg Per	son(s) to Iss 10% Ov Other (s	vner
(Last)	,	irst) ERAPEUTICS, I	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/01/2023							X Officer (give tide of the (special below) below) Chief Medical Officer				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
640 LEE ROAD, SUITE 200					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WAYNE	PA	A	19087										Form f	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	City) (State) (Zip) 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.													
		Tab	le I - No	n-Deriv	ative	Sec	curit	ies Ac	quired	Dis	posed (of, or	Ben	eficial	ly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)			Benefic	ies For cially (D) Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
							Code	v	Amount	Amount (A) or (D)		Price	Transac	ansaction(s) estr. 3 and 4)			(iiisti. 4)		
Common Stock 07/01/.				/2023	2023			М		15,000 A		(1)	15,000			D			
Common Stock 07/01/2			/2023	2023			F ⁽²⁾		5,407 D		\$10.3	9,593		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Exercise (Month/Day/Year) i		3A. Deem Execution if any (Month/D	n Date,		ransaction of ode (Instr. De Se Au CA		of E		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 Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	0 0	Amount or Jumber of Shares					
Restricted Stock Units	(1)	07/01/2023			М			15,000	(3)		(3)	Comm		15,000	\$0.00	45,000)	D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of common stock of the issuer.
- 2. The transaction reported represents the withholding of shares by the issuer to satisfy the Reporting Person's tax withholding obligations in connection with the vesting and settlement of restricted stock units described in this Form 4.
- 3. The shares underlying these restricted stock units vest in four equal annual installments beginning on July 1, 2023, subject to the Reporting Person's continuous service with the Issuer as of the applicable vesting date.

Remarks:

/s/ Mark Ballantyne, Attorneyin-Fact ** Signature of Reporting Person

07/05/2023

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.