SEC Form 4	1
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## FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287
Estimated average	burden
hours per response	: 0.5

		Table I - Non-De	privative Securities Acquired Disposed of or Ben	oficially	Owned			
(City)	(State)	(Zip)			onship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify below) below) Chief Scientific Officer dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
							١g	
(Street) WAYNE	РА	19087		X	Form filed by One Re	eporting Person		
(Ctreat)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	Idual or Joint/Group Fil	ing (Check Appl	cable	
640 LEE RC	AD, SUITE 200	)						
C/O ACLAR	RIS THERAPEU	TICS, INC.	10/1//2022		Chief Belentin			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/17/2022		,	,		
Monahan Joseph						Other (spe		
	ddress of Reporting	Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ ACRS ]		tionship of Reporting P all applicable)	ble)		
obligations I Instruction 1	may continue. See I(b).		Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940	34	hours per	response:	0.5	
to Section 1	6. Form 4 or Form 5			_	Estimated	average burden		

## Securities Acquired, Disposed of, or Beneficially (

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(1150. 4)	(1150.4)
Common Stock	10/17/2022		<b>S</b> <sup>(1)</sup>		5,000	D	<b>\$</b> 15.9815 <sup>(2)</sup>	101,386	D	
Common Stock								193	Ι	By Spouse

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. Transa Code ( 8)		of Ex		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. These sales were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on September 1, 2022.

2. The price reported is a weighted average sales price. The shares were sold in multiple transactions at prices ranging from \$15.72 to \$16.17, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## Remarks:

/s/ Mark Ballantyne, Attorney-10/19/2022

in-Fact

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.