FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3	SECO	KII	IES	AN C	D EX	CHANGE	COMMIS	PION

OMB APPROVAL

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that intended to satisfy the affirmative

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	e conditions of struction 10.	Rule 10b5-1(c).																				
1. Name and Address of Reporting Person* Balthaser Kevin						2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]									(Ch	eck all appl Direct	icable)	ng Per	son(s) to Iss 10% Ov Other (s	vner		
(Last) (First) (Middle) C/O ACLARIS THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 09/01/2024										Officer (give title Other (specify below) Chief Financial Officer						
701 LEE	ROAD, SU	4 If	If Amendment, Date of Original Filed (Month/Day/Year)									6 1	6. Individual or Joint/Group Filing (Check Applicable									
(Street) WAYNE PA 19087						4. II Alliendinetti, Date di Original Piled (World (Day/Teal)									Line	ine) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)		<u> </u>						_						_					
			le I - Non			_			_)isp											
1. Title of Security (Instr. 3) 2. Transc Date (Month/L						Execution Date,			,	Transaction Disposed Code (Instr. 5)			rities Acquired (A) of ad Of (D) (Instr. 3, 4			Benefic	es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	/	Amount	(A (C	() or ()	Price	Transac (Instr. 3	tion(s)			(30. 7)		
Common	Stock			09/01	/2024			M		1,000		A	(1)	24	24,983		D					
Common Stock 09/01/						1/2024				F ⁽²⁾		286		D \$1.		8 24,697			D			
		Т	able II - I (osed of onverti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (Ins		on of		Exp	6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title		Amount or Number of Shares							
Restricted Stock Units	(1)	09/01/2024			M			1,000		(3)		(3)	Comm		1,000	\$0	0		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
- 3. The shares underlying these restricted stock units vested on September 1, 2024, subject to the reporting person's continuous service with the issuer as of the applicable vesting date.

/s/ Matthew Rothman,

09/04/2024

Attorney-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.