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Shanler Stua Form 4											
February 05											
FORM		STATES	SECU	RITIES A	ND EX	CHANGE	COMMISSION		PPROVAL	-	
		STITL S		ashington				Number:	3235-0	287	
Check th if no lon subject t Section Form 4 c	ger o STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES						Expires: Estimated burden hou response	average urs per	/ 31, 2005 0.5	
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Shanler Stuart			2. Issuer Name and Ticker or Trading Symbol Aclaris Therapeutics, Inc. [ACRS]			5. Relationship of Reporting Person(s) to Issuer					
(Leat)	(First) (I	Middle)		-		[ACK3]	(Check all applicable)				
(Last) C/O ACLA INC., 101 I SUITE 400	3. Date of Earliest Transaction (Month/Day/Year) 02/01/2018			Director 10% Owner X_ Officer (give title Other (specify below) below) Chief Scientific Officer							
	(Street)		4. If Am	. If Amendment, Date Original			6. Individual or J	6. Individual or Joint/Group Filing(Check			
MALVERN	N, PA 19355		Filed(Mo	onth/Day/Yea	r)		Applicable Line) _X_ Form filed by Form filed by Person	One Reporting P More than One R			
(City)	(State)	(Zip)	Tał	ble I - Non-l	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)	Disposed	(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Rep	port on a separate line	e for each cl	ass of sec	curities bene	ficially ow	ned directly o	or indirectly.				
					inforn requii	nation cont red to respo lys a currer	spond to the colle ained in this form ond unless the for ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible s	Beneficially Owned securities)	I			
	• • -		a								

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	`` `	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	(A) (E) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock option (right to buy)	\$ 22.09	02/01/2018		A	54,000	<u>(1)</u>	01/31/2028	Common Stock	54,000	
Restricted stock units	(2)	02/01/2018		А	15,500	(3)	(3)	Common Stock	15,500	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Shanler Stuart C/O ACLARIS THERAPEUTICS, INC. 101 LINDENWOOD DRIVE, SUITE 400 MALVERN, PA 19355			Chief Scientific Officer			
Signatures						

/s/ Brian F. Leaf, Attorney-in-fact 02/05/2018

<u>**</u>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).
- (1) The option will vest over a period of four years, with 25% of the shares underlying the option vesting on the first, second, third and fourth anniversaries of the date of grant.
- (2) Each restricted stock unit represents a contingent right to receive one share of common stock of the issuer.
- (3) The shares underlying these restricted stock units vest in four equal annual installments beginning on February 1, 2019, subject to the reporting person's continuous service with the issuer as of the applicable vesting date.

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.