Edgar Filing: Walker Neal - Form 4

Walker Neal

Walker Neal Form 4									
April 09, 201	Л					OMB AF	PROVAL		
	Washington, D.C. 20549					OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	6. r Filed pursuant sinue. Section 17(a) of	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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 20(b) of the Investment Company Act of 1040							
(Print or Type I	Responses)								
Walker Neal Symbol			and Ticker or peutics, Inc.		Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Middle)	3. Date of Earlies	3. Date of Earliest Transaction (Check			k all applicable)		
	RIS THERAPEUTICS EE ROAD, SUITE 20		r)		X_ Director X_ Officer (give below) Presi		Owner er (specify		
	(Street)	Street) 4. If Amendment, Date Original Filed(Month/Day/Year)			Applicable Line) _X_ Form filed by C	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
WAYNE, P	A 19087				Person	lore than One Re	porung		
(City)	(State) (Zip)	Table I - No	n-Derivative	Securities	Acquired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	any		ction(A) or Di (Instr. 3,	(A)	(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)		
2		Code	V Amount	or (D) F \$	Price (Instr. 3 and 4)				
Common Stock	04/05/2018	P <u>(1)</u>	10,000		5.75 897,184	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
r of the second	Director	10% Owner	Officer	Other			
Walker Neal C/O ACLARIS THERAPEUTICS, INC. 640 LEE ROAD, SUITE 200 WAYNE, PA 19087	X		President and CEO				
Signatures							
/s/ Brian F. Leaf, Attorney-in-fact)4/09/2018						
**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 purchases reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the record holder of the securities on March 20, 2018.
- This transaction was executed in multiple trades at prices ranging from \$16.50 to \$17.10, inclusive. The price reported in Column 4 is a
- (2) weighted average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the transactions were effected.

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.