Edgar Filing: Aclaris Therapeutics, Inc. - Form 4

Aclaris Therapeutics, Inc. Form 4 December 22, 2015

December 2	2, 2015									
FORM	ΠΔ								PPROVAL	
		RITIES A		CHANGE 549	N OMB Number:	3235-0287				
Check th if no lon	ger STATEN	AFNT OI	F CHANGES IN BENEFICIAL OWNERSHIP OF					Expires:	January 31, 2005	
subject t Section Form 4 o	o 16. pr		SECURITIES					average Jirs per . 0.5		
Form 5 obligatic may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the I	Public U	tility Hol	ding Con		nge Act of 1934, of 1935 or Secti 940			
Print or Type	Responses)									
1. Name and A Ali-Jacksor	Address of Reporting Mamil	2. Issuer Name and Ticker or Trading 5. Relationship or Symbol Issuer			of Reporting Per	rson(s) to				
			Aclaris	Therapeu	tics, Inc.	[ACRS]	(Cho	eck all applicabl	e)	
	RIS THERAPEU LINDENWOOD I			of Earliest Tr Day/Year) 2015	ransaction		Director X Officer (gi below)	109	% Owner er (specify	
				ed(Month/Day/Year) Applicable Lin			Applicable Line)	r Joint/Group Filing(Check) by One Reporting Person		
MALVERN	N, PA 19355						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemo Execution any (Month/Day/Year)(Instr. 3)any (Month/Day/Day)		Date, if	3. Transactio Code (Instr. 8) Code V	Disposed ((Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

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)

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	ionDerivative	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 (Month/DA Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		/Year)	(Instr. 3 and 4)	
				Code V	(A) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock option (right to buy)	\$ 28.68	12/18/2015		A	45,939	<u>(1)</u>	12/17/2025	Common Stock	45,939
Restricted stock units	(2)	12/18/2015		А	4,300	(3)	(3)	Common Stock	4,300

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Ali-Jackson Kamil C/O ACLARIS THERAPEUTICS, INC. 101 LINDENWOOD DRIVE, SUITE 400 MALVERN, PA 19355			Chief Legal Officer			
Signatures						
/s/ Brian F. Leaf,	2/2015					

/s/ Brian F. Leaf, Attorney-in-fact

12/22/2015

<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 December 18, 2016, 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.