## Edgar Filing: Tullman Stephen A. - Form 4

Tullman Ster Form 4 April 09, 20 <b>FORM</b> Check th if no lon subject to Section Form 4 Form 5 obligation may com <i>See</i> Instri 1(b).	118 <b>A 4 UNITED</b> his box liger o 16. or Filed pu Section 17	<b>MENT O</b> ursuant to 7(a) of the	Was F CHAN Section 1 Public U	shington, IGES IN SECUR 6(a) of th	, D.C. 209 BENEFI RITIES e Securiti ding Com	549 CIA ies Ez ipany	L OWN xchange Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hour response		
Tullman Stephen A. Symbol				ssuer Name <b>and</b> Ticker or Trading bol aris Therapeutics, Inc. [ACRS]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month/			(Month/E	Date of Earliest Transaction /onth/Day/Year) 4/06/2018				XDirector10% Owner Officer (give titleOther (specify below) below)			
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
(City)	(State)	(Zip)	Tabl	la I Non F	Domizzativa (	Zaanni	tion A am	Person	or Popoficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	te 2A. Deen Execution any		3. Transactio Code (Instr. 8)	4. Securiti or(A) or Dis (Instr. 3, 4 Amount	ies Ac sposed	quired of (D) 5) Price	uired, Disposed of 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	
Common Stock	04/06/2018			P <u>(1)</u>	26,700	A	\$ 16.54 (2)	157,507	D		
Common Stock								394,014	I	By Trust	

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.

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 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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						
	Director	10% Owner	Officer	Other				
Tullman Stephen A. C/O ACLARIS THERAPEUTICS, INC 640 LEE ROAD, SUITE 200 WAYNE, PA 19087	С. Х							
Signatures								
/s/ Brian F. Leaf, Attorney-in-fact	04/09/2018							
**Signature of Reporting Person	Date							
Evalenction of Deene								

## **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 23, 2018.

This transaction was executed in multiple trades at prices ranging from \$16.23 to \$17.06, 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.

(3) These shares are held by the 2007 Irrevocable Trust of Stephen A. Tullman, for which the reporting person's spouse serves as the trustee.

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.