Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject	STATEMENT OF CHA
to Section 16. Form 4 or Form 5	
obligations may continue. See	

ANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* REED ELIZABETH E						2. Issuer Name and Ticker or Trading Symbol Travere Therapeutics, Inc. [TVTX]									ck all app Direc	licable) tor	ng Pei	rson(s) to Is	vner	
(Last)	`	irst) (IERAPEUTICS,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/31/2023									X	belov	,	rpora	Other (s below) ate Secreta		
3611 VALLEY CENTRE DR., SUITE 300						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	,					
(Street) SAN DII	EGO C	A 9	2130											X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (.	Zip)		Rule 10b5-1(c) Transaction Indication															
Check this box to indicate that a transaction was made purs satisfy the affirmative defense conditions of Rule 10b5-1(c).									suant). See	to a contract, instruction or written plan that is intended to Instruction 10.										
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Exec y/Year) if any		Deemed cution Date, y nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Report	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)			(111501.4)	
Common	Stock			08/31/2	2023				A ⁽¹⁾		3,300	A		\$0.00	0 59,911 D					
Common	Common Stock 09/05/2					2023					1,815	D	\$	614.71	58,096			D		
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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			Transaction Code (Instr. 8) S A (// D (I I I I I I I I I I I I I I I I I I		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed) : 3, 4	6. Date Exercisable at Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	Price of erivative ecurity estr. 5)		Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Number of tle Shares							

Explanation of Responses:

- 1. On January 31, 2020, the reporting person was granted performance restricted stock units (PRSUs) covering 5,000 shares of the Issuer's common stock. On August 31, 2023, PRSUs vested upon the closing of the sale of the Company's bile acid portfolio following a modification approved by the Compensation Committee for a reduced number of shares to vest under PRSUs originally granted on January 31, 2020 that were to vest upon specified clinical or regulatory milestones related to the Company's bile acid portfolio.
- 2. The sales reported in this Form 4 were made pursuant to a written plan meeting the requirements of Rule 10b5-1(c) of the Securities Exchange Act of 1934, as amended, and includes the sale of shares to cover the tax obligation that occurred upon the vesting of performance restricted stock units.

Remarks:

/s/ Elizabeth E. Reed ** Signature of Reporting Person 09/05/2023 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.