FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	POVAL							
OMB Number:	3235-0287							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

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* <u>Calvin Sandra</u>						2. Issuer Name and Ticker or Trading Symbol Travere Therapeutics, Inc. [TVTX]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title					
(Last) (First) (Middle) C/O TRAVERE THERAPEUTICS, INC. 3611 VALLEY CENTRE DRIVE, SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 11/25/2024								Officer (give title Other (specify below) SVP, CHIEF ACCOUNTING OFFICER					
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person Person						
		Tab	ole I - I	Non-Deri	vativ	e Sec	curit	ties A	quire	d, D	isposed o	f, or Be	eneficia	lly Ow	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,		Date,	3. Transaction Code (Instr. 8)			Acquired (D) (Instr.	(A) or 3, 4 and 5)	Se Be Ov	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Tra	eported ansaction(s) astr. 3 and 4)			(Instr. 4)	
Common Stock 11/25/202						:4		M		15,000	A	\$12.6	7	67,017		D			
Common Stock 11/25/202						24		S		12,090(1)	D	\$18.300	9(2)	54,927		D			
		-	Table						,		posed of, convertil			y Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date, if any		4. Transaction Code (Instr. 8)		umber ivative urities uired or posed O) (Instr. and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deriva Secur	ative derivativ	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Employee stock option (right to	\$12.67	11/25/2024			M			15,000	(3)		01/02/2025	Common Stock	15,000	\$() 15,00	00	D		

Explanation of Responses:

- 1. Represents the number of shares required to be sold by the Reporting Person in order to cover the tax withholding obligation and payment of the exercise price in connection with the partial exercise of a stock option granted to the Reporting Person on January 2, 2015 with an upcoming expiration date of January 2, 2025.
- 2. The weighted average sale price for the transaction reported was \$18.3009, and the range of prices were between \$18.27 and \$18.37. Upon request by the SEC staff, the Issuer, or any security holder of the Issuer, full information regarding the number of shares sold at each price will be provided.
- 3. The stock option is fully vested and exercisable.

/s/ Elizabeth E. Reed, Attorneyin-Fact

11/25/2024

** Sign

** Signature of Reporting Person 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.