FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
$\cup$	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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1. Name and Address of Reporting Person*  REED ELIZABETH E					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Travere Therapeutics, Inc. [ TVTX ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					Tavele Inclupedico, Inc. [ 1717 ]									Direc			10% Ov			
(Last)	/Ei	ret) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year)								7	X Office below	er (give title v)		Other (s below)	specify		
(Last) (First) (Middle) C/O TRAVERE THERAPEUTICS, INC.					05/10/2023									SVP, GC & Corporate Secretary						
3611 VALLEY CENTRE DR., SUITE 300				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
,															X Form filed by One Reporting Person					
' '	(Street) SAN DIEGO CA 92130													Form filed by More than One Reporting Person						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	f, or	Bene	eficia	lly Owr	ned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				Execution Da			ate,	Transaction Disposed Of Code (Instr. 5)			ies Acquired (A) Of (D) (Instr. 3,				cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	ount (A)		Price		ed ction(s) 3 and 4)					
Common Stock 05/10/20					2023				S <sup>(1)</sup>	1) 825		1	) !	\$16.5	5.59 56,611		5,611 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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)			rative rities iired r osed )	6. Date E Expiration (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		5 (1	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amo or Num of Shar	ber						

## Explanation of Responses:

1. The sales reported in this Form 4 were made pursuant to a written plan adopted by the Reporting Person on November 23, 2022 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 restricted stock units.

## Remarks:

/s/ Elizabeth E. Reed 05/12/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.