FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rvasiliigtoii,	D.C.	20343	

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1/b)

## STATEMENT OF CHANGES 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

Name and Address of Reporting Person*     Rosenberg Noah L.						2. Issuer Name and Ticker or Trading Symbol  Travere Therapeutics, Inc. [ TVTX ]									k all app Direc	tionship of Reporting Pr all applicable) Director Officer (give title below) Chief Medical		rson(s) to Is 10% O Other (	/ner
(Last) (First) (Middle) C/O RETROPHIN, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/03/2021									belov			below)	Specify
3611 VALLEY CENTRE DRIVE, SUITE 300					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)	EGO CA	<b>A</b> 9	2130											Line)					
(City)	(St	ate) (Z	Zip)												1 0100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Table	I - Noı	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execu ay/Year) if any		a. Deemed recution Date, any onth/Day/Year)							4 and Securi Benefi		ties cially Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) (D)	or Pi	ice	Transa	ransaction(s) nstr. 3 and 4)			(111301. 4)		
Common Stock 02/03/					′2021				A <sup>(1)</sup>		4,500	A	A \$	0.00	48	18,594		D	
		Tal									osed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date,		Code ( 8)	Transaction Code (Instr. 8) Secu Acqu (A) o Disp of (D		r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		te Amount of Securities Underlying Derivative Security (In: 3 and 4)  Expiration Amount of Security (In: 3 and 4)		unt of rities rlying ative rity (Ins I 4)	nt er		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

1. (1) On January 31, 2020, the reporting person was granted a performance restricted stock unit (PRSU) grant covering 9,000 shares of the Issuer's common stock, which vest upon the later of (i) 12 months from the date of grant and (ii) the achievement of specified clinical and regulatory development milestones. On February 3, 2021, a portion of the PRSUs vested upon the Issuer's confirmation of the satisfaction of a performance criterion related to the interim data read-out from the DUPLEX study.

## Remarks:

/s/ Elizabeth E. Reed, 02/05/2021 Attorney-in-Fact

\*\* Signature of Reporting Person

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.