FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vvasnington,	D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	nuc. See		Filed	pursua or Se	ant to S ection 3	Section 30(h) d	n 16(a of the	) of the Investm	Secur ent Co	ities Exchang ompany Act o	e Act of f 1940	1934			nours	per re	esponse:	0.5	
Name and Address of Reporting Person*     Clague Laura					2. Issuer Name and Ticker or Trading Symbol  Travere Therapeutics, Inc. [ TVTX ]									Officer (since title				10% O	) to Issuer  1% Owner  ther (specify	
(Last) (First) (Middle) C/O TRAVERE THERAPEUTICS, INC. 3611 VALLEY CENTRE DR., SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 05/10/2022									X Officer (specific below)  Chief Financial Officer							
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Table	I - No	on-Deriva	tive	Secu	rities	Ac	quire	d, Dis	sposed of	, or B	enefici	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Date,		,	3. Transaction Code (Instr. 8)  4. Securities Ac Disposed Of (D)		Acquired (A) or (D) (Instr. 3, 4 ar		nd 5)   Securit Benefic		ties cially Following	Forn (D) c	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)			(111501. 4)		
Common Stock 05/10/20					)22				S <sup>(1)</sup>		825	D	\$21.	51	37	7,030		D		
Common Stock 05/11/20					022			<b>S</b> <sup>(1)</sup>		1,375	D	\$21.5	31(2)		5,655	L	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, irity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration			Amount of Securities S		Deri Sec	8. Price of Derivative Security (Instr. 5)  (Instr. 5)  9. Number derivative Securities Beneficial Owned Following Reported Transactic (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. The sales reported 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 restricted stock units.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$21.51 to \$21.52, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above.

## Remarks:

/s/ Elizabeth E. Reed. Attorney-in-Fact

05/12/2022

\*\* 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.