SEC Form 4	
FORM	4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)
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 Instruction 10.

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

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

1. Name and Address of Reporting Person [*] Inrig Jula			2. Issuer Name and Ticker or Trading Symbol <u>Travere Therapeutics</u> , Inc. [TVTX]		ttionship of Reporting Pers s all applicable) Director Officer (give title below)	son(s) to Issuer 10% Owner Other (specify below)
()		()	3. Date of Earliest Transaction (Month/Day/Year) 01/03/2025		CHIEF MEDICAL	OFFICER
3611 VALLEY CENTRE DRIVE, SUITE 300						
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Filing	(Check Applicable
(Street) SAN DIEGO	CA	92130			Form filed by One Repo	•
					Form filed by More than Person	One Reporting
(City)	(State)	(Zip)				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	01/03/2025		S		2,066 ⁽¹⁾	D	\$19.1	59,883	D	
Common Stock	01/06/2025		S ⁽²⁾		440	D	\$18.76	59,443	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

l	(e.g., puts, calls, warrants, options, convertible securities)														
	1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Inst 8)	n of r. Den Sec (A) Dis of (posed D) str. 3, 4	Expiration Date (Month/Day/Year) ed		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
											Amount or Number				

Date

Exercisable

(A) (D)

Explanation of Responses:

1. Represents the number of shares required to be sold by the Reporting Person to cover the tax withholding obligation in connection with the settlement of vested restricted stock units. This sale is mandated by the Issuer's election under its equity incentive plans to require the Reporting Person to fund this tax withholding obligation by completing a "sell to cover" transaction with a brokerage firm designated by the Issuer. This sale does not represent a discretionary trade by the Reporting Person.

2. This sale was made pursuant to a written plan adopted on March 15, 2024, 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.

<u>/s/ Elizabeth E. Reed,</u> <u>Attorney-in-Fact</u>

Shares

Expiration

Date

Title

** Signature of Reporting Person Date

01/06/2025

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).

Code V

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.