FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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Name and Address of Reporting Person* Powers Pow D						2. Issuer Name and Ticker or Trading Symbol Travere Therapeutics, Inc. [TVTX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Baynes Roy D.														X	Director	•		10% Ov	ner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/08/2024									Officer (below)	(give title		Other (s below)	pecify	
C/O TRA	C/O TRAVERE THERAPEUTICS, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
3611 VALLEY CENTRE DR., SUITE 300					7. '	14. II Americinent, Date of Original Filed (Month/Day/ fear)								Line)						
														X Form filed by One Reporting Person						
(Street)														Form filed by More than One Reporting Person						
SAN DIEGO CA 92130						Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)		_	_														
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										it is intended	to satisfy									
		Tal	ble I - Non	-Deri	vativ	re Se	curitie	s Ac	quired,	Disp	osed o	f, or Be	nefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution if any	Deemed ecution Date, any onth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) 5)				and Securitie Beneficia Owned F		s illy ollowing	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	t (A) or P		ce	Reported Transacti (Instr. 3 a	ion(s)				
Common Stock ⁽¹⁾ 05/08.					08/202	8/2024			Α		6,5000	,500 ⁽²⁾ A		\$ <mark>0</mark>	31,000			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Deemed		4.	,			-	_				.	Dwine of	O. Normalis		10.	11. Nature	
1. Iftie of Derivative Security (Instr. 3)	Z. Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	Execution D if any (Month/Day/	ate,	4. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
				Γ						T			Amo	unt						
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Num of Shar	.						
Stock			-	\dashv			· ,			+	-		 	\dashv					 	
option (right to buy) ⁽¹⁾	\$6.82	05/08/2024			A		19,500		05/08/2025	(2)	05/07/2034	Common Stock	19,5	00	\$0	19,50	0	D		

Explanation of Responses:

- 1. Automatic equity grant under the Issuer's 2018 Equity Incentive Plan, as amended, pursuant to the non-employee director compensation program.
- 2. The equity award vests over a one year period.

/s/ Elizabeth E. Reed, Attorney-05/10/2024 in-Fact

** 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.