FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | . 05 | | | | | | | | |

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

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

| 1. Name and Address of Reporting Person* <u>Clague Laura</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Travere Therapeutics, Inc. [TVTX] | | | | | | | | k all app Direc | licable) | ng Person(s) to I | | | | |
|--|---|-------|-----------|---|--|---|--|--|-------------------------|---------------------|---|--|-----------------------------------|---|--|---|--|---------------------------------------|-------------|
| (Last) (First) (Middle) C/O TRAVERE THERAPEUTICS, INC. 3611 VALLEY CENTRE DR., SUITE 300 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2021 | | | | | | | | | | | | below) fficer | | |
| (Street) SAN DIEGO CA 92130 (City) (State) (Zip) | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indi Line) | -7 | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | enef | ficially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | 3. 4. Securitie Disposed Code (Instr. 8) | | s Acqu Of (D) (I | ired (A nstr. 3, |) or 4 and | 5. Amo Securit Benefic Owned Reporte | ies cially Following | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pri | | | | rice | Transaction(s) (Instr. 3 and 4) | | (111341. 4) |
| Common Stock 02/05/2 | | | | | | 2021 | | | S ⁽¹⁾ | | 2,250 | D | \$ | 31.41 | 34,473 | | Б | | |
| Common Stock 02/08/2 | | | | | 2021 | | | | S ⁽¹⁾ | | 2,250 | D \$ | | 31.58 | 8 32,223 | | 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) | ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | ion Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | ite | Amount of Securities Underlying Derivative Security (I 3 and 4) | | De Se (In | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y Ov Fo Dii or (I) | vnership orm: rect (D) Indirect (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| Evalanation | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | | Amou or Numb of Share | per | | | | | |

1. The sales reported in this Form 4 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 performance restricted stock units that was reported on February 5, 2021.

Remarks:

/s/ Elizabeth E. Reed, 02/09/2021 Attorney-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.