FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

3	VIAL		,, ,,	WC_	COIVIIV
shinato	n. D.C.	20549			

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

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

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* Meckler Jeffrey A					2. Issuer Name and Ticker or Trading Symbol Travere Therapeutics, Inc. [TVTX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(F	rirst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023								Officer below)	(give title		Other (specification)	pecify	
C/O TRAVERE THERAPEUTICS, INC. 3611 VALLEY CENTRE DR., SUITE 300					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) SAN DIEGO CA 92130					Form filed by More than One Reporting Person														
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - No	n-Deri	vative	Se	curitie	s Ac	quired, [Disp	osed o	f, or Be	neficial	y Owned	l				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed C Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 a		Benefici Owned	es ally Following	6. Own Form: (D) or I (I) (Inst	Direct C Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	unt (A) or (D)		Reporte Transac (Instr. 3	tion(s)			Instr. 4)		
Common	Stock ⁽¹⁾			05/1	7/2023	23		A		4,500	(2) A	\$0.0	74	74,500		D			
		٦	Гable II -						uired, Di					Owned					
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. Transaction Code (Instr 8)		n 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)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable		expiration Date	Title	Amount or Number of Shares						
Stock option (right to buy) ⁽¹⁾	\$17.11	05/17/2023			A		13,500		05/17/2024 ⁽²	2) 0	5/16/2033	Common Stock	13,500	\$0.00	13,500		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.

Remarks:

/s/ Elizabeth E. Reed, Attorney-05/19/2023

** 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.