FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHAN	GES IN	BENEFICIAL	OWNERSHIP
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OMB Number:	3235-0287
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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(b) of the Investment Company Act of 1940

1. Name and Address of Reporting Person Cline Christopher R. (Last) (First) (Middle) C/O TRAVERE THERAPEUTICS, INC. 3611 VALLEY CENTRE DRIVE, STE 300				2. Issuer Name and Ticker or Trading Symbol Travere Therapeutics, Inc. [TVTX] 3. Date of Earliest Transaction (Month/Day/Year) 09/01/2022 4. If Amendment, Date of Original Filed (Month/Day/Year)								(Cho	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) below) Chief Financial Officer 6. Individual or Joint/Group Filing (Check Applicable					
(Street) SAN DIEC	GO CA	92	2130								- 1	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Stat	te) (Z	ip)															
		Tabl	e I - Nor	n-Deriv	/ative	Se	curities	Acq	uired,	Dis	posed of	, or Ben	eficially	/ Owned				
Date			Date	th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amoun Securities Beneficia Owned Fo	s Ily ollowing	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			(Instr. 4)
Common Stock 09			09/0	1/2022		A		5,000 ⁽¹⁾ A \$		\$0.00	33,723			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Da		3. Transaction Date (Month/Day/Year) (Month/Di		n Date, Transaction Code (Ins			on of		6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: ly Direct (or Indir (I) (Inst	Ownership	Beneficial Ownership oct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Employee Stock option (right to buy)	\$28.06	09/01/2022			A		48,000		(2)		08/31/2032	Common Stock	48,000	\$0.00	48,000		D	
Performance- based restricted stock units	(3)	09/01/2022			A	v	9,840		(4)		(4)	Common Stock	9,840	\$0.00	9,840		D	

Explanation of Responses:

- 1. The equity award vests over four years, with 1/4th vesting on each anniversary of the grant date.
- 2. One-fourth of the shares subject to the stock option vest and become exercisable on the first anniversary of the date of grant, and the remaining shares vest in 36 equal monthly installments thereafter.
- 3. Each performance-based restricted stock unit represents a contingent right to receive one share of the Common Stock of the Issuer.
- 4. This grant will vest upon the achievement of specified clinical/regulatory and commercial milestones, provided, however, if either vesting event occurs before the date that is 12 months after the date of grant, then the portion of the award that would have vested upon such event will instead vest on the date that is 12 months after the date of grant, and provided further that the Performance RSU will expire on January 31,2027 to the extent the specified performance based milestones are not achieved by such date.

Remarks:

/s/ Elizabeth E. Reed, Attorney-

09/01/2022

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.