SEC For	m 4																			
FORM 4 UNITE				D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).							to Sectio	on 16	(a) of tl	the Secu	ritie	EFICIA es Exchan		Estimated average burden			3235-0287 n 0.5			
1. Name and Address of Reporting Person* <u>Poole Sandra</u>					. <u>Tr</u>	avei	re The	<u>erap</u>	eutic		.[	TVTX	(Che	ck all applic	able)	10% Owner e title Other (speci				
	(Last)(First)(Middle)C/O TRAVERE THERAPEUTICS, INC.3611 VALLEY CENTRE DR., SUITE 300				05,	3. Date of Earliest Transaction (Month/Day/Year) below) 05/14/2021													below)	
(Street) SAN DIEGO CA 92130					4. i	<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Line)</li> <li>X Form filed by One Reporting Per Form filed by More than One Re Person</li> </ul>											orting Persor	·		
(City)	(City)       (State)       (Zip)         Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) Date (Month/L						ear)   I	2A. Deemed Execution Date, f any Month/Day/Year		е, Ті С	Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		l (A) or . 3, 4 and		es Form ally (D) o Following (I) (Ir		m: Direct	7. Nature of Indirect Beneficial Ownership	
									c	Code V		Amount		A) or D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock <sup>(1)</sup> 05/14					4/202	1				Α		<b>3,000</b> <sup>(2)</sup>		A	\$0.00	) 9,	500		D	
			Table II -									sed of, onvertit				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversid or Exercis Price of Derivative Security	e (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)				6. Date Exercisal Expiration Date (Month/Day/Year)			Amount of		int of rities rlying ative \$		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable		xpiration ate	Title		Amount or Number of Shares					
Stock option (right to buy) <sup>(1)</sup>	\$18.27	05/14/2021			A		9,000		05/14	4/2022 <sup>(2)</sup>	05	5/13/2031	Com Stoo		9,000	\$0.00	9,000	)	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**:

<u>/s/ Elizabeth E. Reed</u>,

Attorney-in-Fact

\*\* Signature of Reporting Person Date

05/18/2021

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.