FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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).

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

													_						
Name and Address of Reporting Person* LYONS GARY A						2. Issuer Name and Ticker or Trading Symbol Travere Therapeutics, Inc. [TVTX] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								uer					
LION	JUARI	A			\vdash									_	Directo	r		10% Ov	/ner
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023								Officer below)	(give title		Other (s below)	pecify	
C/O TRA	AVERE TH	ERAPEUTICS,	INC.		4 If	Ame	endment	Date o	of Original I	-iled	(Month/Da	av/Year)		6 In	dividual or .	loint/Group	Filing	g (Check Ap	nlicable
3611 VA	LLEY CEN	NTRE DR., SUI	ΓE 300				,				(,, ,		Line)			, (- · · · · · · · · · · · · ·	
					-									7		,		orting Perso	
(Street)															Form fi Persor		e thar	n One Repo	rting
SAN DII	EGO C	A	92130		<u> </u>	_	401.5	4()											
					- Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(S	state)	(Zip)		I_{\Box}	Che	ck this box	to indi	cate that a t	ransa	ction was n	nade pursu	ant t	o a contr	act, instructio	n or written	plan th	nat is intende	d to
					$ \sqcup $	satis	sfy the affin	mative	defense cor	ndition	ns of Rule 1	.0b5-1(c). S	See I	nstructio	n 10.		•		
		Tab	ole I - No	n-Deriv	vative	Se	curitie	s Ac	quired, I	Disp	osed o	of, or Be	ene	ficiall	y Owned	ļ			
1. Title of	Security (Ins	tr. 3)		2. Trans	action				(A) or	a) or 5. Amount of			vnership	7. Nature					
Date (Month/Da				Day/Year) if		Execution Date, if any (Month/Day/Year)		Code (Instr.		Disposed Of (D) (Instr. 3, 5)		3, 4 and	Benefici Owned F	Securities Beneficially Owned Following		r Indirect nstr. 4)	of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock ⁽¹⁾ 05/17/				7/2023				A		4,500	(2) A		\$0.00 44,500		,500		D		
			Table II -	Deriva	ative S	Sec	urities	Acai	uired. Di	sno	sed of.	or Ben	efi	cially	Owned				
									, option										
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 Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		expiration Date	Title	OI No	umber					
Stock option (right to	\$17.11	05/17/2023			A		13,500		05/17/2024 ⁽	2) 0	5/16/2033	Common Stock	1	3,500	\$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 in-Fact

** 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.