FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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* Orwin John A | | | | | | 2. Issuer Name and Ticker or Trading Symbol Travere Therapeutics, Inc. [TVTX] | | | | | | | | | ck all applic Directo | , | | vner | | |
|---|--|--|---|---------|---|---|---------|------|---|----------------------|------|-------------------|------------------------------|----------------|---|--|-------------------------------------|---|---------------------------------------|--|
| | VERE TH | ERAPEUTICS, | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2021 | | | | | | | | | | below) | (give title | below) | ыреспу | |
| (Street) | LLEY CEN | TRE DR., SUIT | TE 300 | | 4. 1 | | | | | | | | | Line) | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person | | | | | |
| SAN DII | EGO CA | A | 92130 | | - | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | e Se | curitie | s Ac | cqui | red, [| Disp | osed o | f, or B | enef | iciall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Date, | | | e, T | Code (Instr. 5) | | | 4 and Securitie Beneficia | | es Forr ally (D) of Following (I) (II | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | v | Amount | ınt (A) or (D) | | Price | Transact (Instr. 3 | ion(s) | | | (| | | |
| Common Stock ⁽¹⁾ 05/14/ | | | | | 4/202 | /2021 | | | | A | | 3,000 | 3,000 ⁽²⁾ A S | | \$0.00 | 14, | 14,875 | | 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) | 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) | | ı of | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | Amount of | | | B. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | | xpiration vate | Title | or Nu of | nount mber ares | | | | | |
| Stock option (right to buy) ⁽¹⁾ | \$18.27 | 05/14/2021 | | | A | | 9,000 | | 05/14 | 4/2022 ⁽² | 2) 0 | 5/13/2031 | Commo | 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:

/s/ Elizabeth E. Reed, Attorney-in-Fact

05/18/2021

** 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.