SEC Form 4	
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## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287						
Estimated average burden						
hours per response	. 0.5					

obligations may continue. See Instruction 1(b).		Filed pursuant to Section 16(a) of the Securities Exchange Act of 193- or Section 30(h) of the Investment Company Act of 1940	hours per response: 0.5
1. Name and Address of Reporting Person* Clague Laura		2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Travere Therapeutics</u> , <u>Inc.</u> [ RTRX ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Cofficer (give title Other (specify
(Last) (First) C/O TRAVERE THERAPEUTICS 3611 VALLEY CENTRE DR., SUI		3. Date of Earliest Transaction (Month/Day/Year) 11/16/2020	below) below) chief Financial Officer
(Street) SAN DIEGO CA	92130	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
	(Zip)	Derivative Securities Acquired, Disposed of, or Bene	ficially Owned

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) r.			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	11/16/2020		<b>S</b> <sup>(1)</sup>		7,500	D	\$23.975 <sup>(2)</sup>	19,473	D	

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of Derivative 3A. Deemed Execution Date, 6. Date Exercisable and Expiration Date 7. Title and Amount of 8. Price of Derivative 9. Number of derivative 10. Ownership 11. Nature of Indirect 3. Transaction 5. Number Date Conversion Transaction (Month/Day/Year) Derivative Security or Exercise if any (Month/Day/Year) Code (Instr. (Month/Day/Year) Securities Security (Instr. 5) Securities Form: Beneficial Price of Derivative Securities Acquired Ownership (Instr. 4) (Instr. 3) 8) Underlying Beneficially Direct (D) or Indirect (I) (Instr. 4) Derivative Owned (A) or Disposed of (D) (Instr. 3, 4 and 5) Security Security (Instr. 3 and 4) Following Reported Transaction(s) (Instr. 4) Amount or Number Date Expiration of Shares v (D) Title Code (A) Exercisable Date

#### Explanation of Responses:

1. The sales reported in this Form 4 were made pursuant to a written plan meeting the requirements of Rule 10b5-1(c) of the Securities Exchange Act of 1934, as amended, and includes the sale of shares to cover the tax obligation that occurred upon the vesting of performance restricted stock units.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$23.68 to \$24.485, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above.

### **Remarks:**

11/17/2020

\*\* 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.

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

Date

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP