SEC Form 4

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(Last)

(Street)

(City)

SAN DIEGO

FORM 4

(First)

C/O TRAVERE THERAPEUTICS, INC. 3611 VALLEY CENTRE DRIVE, SUITE 300

CA

(State)

(Middle)

92130

(Zip)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

L											
OMB Number: 3235-02 Estimated average burden											
	Estimated average burden										
	hours per response:	0.5									

10% Owner Other (specify below)

	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						
1. Name and Address of Reporting Person [*] Calvin Sandra		or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Travere Therapeutics, Inc. [TVTX]		ionship of Re all applicable	porting Persor)	ו(s) to Issuer		
		 <u>Havere metapeutes, me.</u> [191A]	· v	Director Officer (give		10% Owner Other (speci		
				below)		below)		

01/24/2022

3. Date of Earliest Transaction (Month/Day/Year)

4. If Amendment, Date of Original Filed (Month/Day/Year)

VP, Corp Controller and CAO

6. Individual or Joint/Group Filing (Check Applicable Line)

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Form filed by One Reporting Person Form filed by More than One Reporting Person

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 (e (Instr.			d (A) or r. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported		7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	01/24/2022		S ⁽¹⁾		934	D	\$24.5767	28,662 ⁽²⁾	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. Transa Code (8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents the number of shares required to be sold by the Reporting Person to cover the tax withholding obligation in connection with the settlement of vested restricted stock units. This sale is mandated by the Issuer's election under its equity incentive plans to require the Reporting Person to fund this tax withholding obligation by completing a "sell to cover" transaction with a brokerage firm designated by the Issuer. This sale does not represent a discretionary trade by the Reporting Person.

2. Includes 842 shares of the Issuer's common stock acquired by the reporting person on November 30, 2021 pursuant to an employee stock purchase program.

Remarks:

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

01/26/2022

** 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.