# SEC Form 4

# FORM 4

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

OMB APPROVAL

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

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

|   |                  |          | of Section 30(n) of the investment Company Act of 1940   |   |                                   |                       |  |  |
|---|------------------|----------|--|---|-----------------------------------|-----------------------|--|--|
| 1. Name and Address of Reporting Person*<br>ASELAGE STEVE |                  |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br><u>Travere Therapeutics, Inc.</u> [ TVTX ] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                   |                       |  |  |
| ASELAGE STEVE   |                  |          |  | X   | Director                          | 10% Owner             |  |  |
|   |                  |          |  | 1   | Officer (give title               | Other (specify below) |  |  |
| (Last)  | (First) (Middle) |          | 3. Date of Earliest Transaction (Month/Day/Year)<br>05/11/2021                                   |   | below)                            |                       |  |  |
| C/O TRAVERE   | THERAPEUTIC      | CS, INC. | 05/11/2021   |   |                                   |                       |  |  |
| 3611 VALLEY CENTRE DR., SUITE 300                         |                  |          |  | 6. Individual or Joint/Group Filing (Check Applicable Line)             |                                   |                       |  |  |
|   |                  |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |   |                                   |                       |  |  |
| (Street)  |                  |          |  | X   | Form filed by One Repo            | orting Person         |  |  |
| SAN DIEGO   | CA               | 92130    |  |   | Form filed by More thar<br>Person | One Reporting         |  |  |
| (City)  | (State)          | (Zip)    |  |   |                                   |                       |  |  |

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

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                         |   | 4. Securities<br>Disposed Of<br>5) |               |          | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |
|---------------------------------|--|---|-------------------------|---|------------------------------------|---------------|----------|---|---|---|
|                                 |  |   | Code                    | v | Amount                             | (A) or<br>(D) | Price    | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                |   | (Instr. 4)  |
| Common Stock                    | 05/11/2021                                 |   | <b>S</b> <sup>(1)</sup> |   | 2,146                              | D             | \$19.582 | 186,794   | D   |   |

|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities) |  |   |                              |   |   |     |   |                    |   |   |  |  |  |  |
|---|--|--|---|------------------------------|---|---|-----|---|--------------------|---|---|--|--|--|--|
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code (<br>8) |   | of Expiration Date<br>Derivative (Month/Day/Year)<br>Securities<br>Acquired<br>(A) or |     | Expiration Date Amount of<br>Month/Day/Year) Securitie<br>Underlyin<br>Derivativu<br>Security (<br>3 and 4) |                    | unt of<br>rities<br>rlying<br>ative<br>rity (Instr. | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |  |  |   | Code                         | v | (A)   | (D) | Date<br>Exercisable   | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>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.

#### **Remarks:**

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

\*\* Signature of Reporting Person Date

05/13/2021

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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).