FORM 4

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

									ington,	2.0.2							OMB	APPRO\	/AL
Section obligation	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940												OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
transa contra the pu securi to sati condit	rchase or sale of	e pursuant to a r written plan for of equity er that is intended ve defense			0		011 30		e mvest	ment		01 1940							
1. Name and Address of Reporting Person [*] Calvin Sandra						2. Issuer Name and Ticker or Trading Symbol <u>Travere Therapeutics</u> , Inc. [TVTX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
	ast) (First) (Middle) /O TRAVERE THERAPEUTICS, INC. 611 VALLEY CENTRE DRIVE, SUITE 3					3. Date of Earliest Transaction (Month/Day/Year)								elow)					
(Street) SAN DIEGO CA 92130					4.1	Line)									vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	itate) Tat	(Zip) Die I - N	Non-Deriv	/ativ	e Sec	urit	ies Ac	quire	ed, D	isposed o	of, or B	enefici	ally Ow	vned				
1. Title of Security (Instr. 3) Date (Month/Day/Y						Executi		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			Benefici		es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct of Indirect B str. 4) (7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Tr	ansact	ion(s)			Instr. 4)
Common Stock 12/26/202					024	.4		М		15,000	Α	\$12.67		69,927			D		
Common Stock 12/26/2				024	24			S ⁽¹⁾		15,000	D	\$17.21	85(2)	54,927			D		
			Table								posed of, , convertil				ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ion Date,	4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security		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 Exerc	isable	Expiration Date	Title	Amour or Numbo of Shares	er					
Employee stock option (right to buy)	\$12.67	12/26/2024			М			15,000	(3	3)	01/02/2025	Commo Stock	ⁿ 15,00)0 \$	0	0		D	
Explanatio	n of Respons								<u>.</u>	01.5.1					I			D : -	1
1. The sales	reported in this	Form 4 were made p	oursuant t	o a written pla	in mee	ting the	requi	rements o	of Rule 1	0b5-1	(c) of the Secur	rities Exch	hange Act	of 1934, as	s ameno	led, adopted	i by the	e Reporting P	erson on

September 9, 2024.

2. The weighted average sale price for the transaction reported was \$17.21856, and the range of prices were between \$16.985 and \$17.545. Upon request by the SEC staff, the Issuer, or any security holder of the Issuer, full information regarding the number of shares sold at each price will be provided.

3. The stock option is fully vested and exercisable.

/s/ Elizabeth E. Reed, Attorney	-
<u>in-Fact</u>	12/2//2024

** 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.