Allouche Cyril Form 4 January 23, 2019

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

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

January 31, Expires: 2005

Form 5 obligations may continue. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person _ Allouche Cyril			2. Issuer Name an Symbol	d Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
			Revance Therap	peutics, Inc. [RVNC]	(Che	ck all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest	Transaction				
			(Month/Day/Year)		Director	10% Owner		
C/O REVANCE THERAPEUTICS,			01/22/2019		_X_ Officer (give title Other (specify			
INC., 7555	GATEWAY	BLVD			below) Principal	below) l Accounting Officer		
	(Street)		4. If Amendment, Γ	Date Original	6. Individual or J	oint/Group Filing(Check		
			Filed(Month/Day/Ye	ar)	Applicable Line)			
NEWARK, CA 94560						One Reporting Person More than One Reporting		
(City)	(State)	(Zip)	Table I - Non-	Derivative Securities Acq	quired, Disposed o	of, or Beneficially Owned		
1 Title of	2. Transaction	Date 2A Dee	med 3.	4. Securities Acquired	5. Amount of	6. Ownership 7. Nature of		

		Tabl	tole 1 - Non-Derivative Securities Acquired, Disposed of, of Denenciary Owned						
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D)				Securities	Form: Direct	Indirect
(Instr. 3)	•	any	Code	de (Instr. 3, 4 and 5)			Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	01/22/2019		M	625	A	\$ 13.35	4,625	D	
Common Stock	01/22/2019		S(1)	625	D	\$ 17.77	4,000	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date ivative (Month/Day/Year) urities urities or possed D) tr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 13.35	01/22/2019		M	625	(2)	10/30/2026	Common Stock	625

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Allouche Cyril C/O REVANCE THERAPEUTICS, INC. 7555 GATEWAY BLVD NEWARK, CA 94560

Principal Accounting Officer

8. F Der Sec (Ins

Signatures

/s/ Gordon Ho, Attorney-in-Fact 01/23/2019

**Signature of Reporting Person

Explanation of Responses:

- * 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).
- (1) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted by Mr. Allouche.
 - The Option vests in accordance to the following schedule: 25% on the first anniversary of the vesting commencement date of October 31,
- (2) 2016, and 1/48th vesting each month thereafter for the remaining three years, subject to Mr. Allouche's Continuous Service (as defined in the Issuer's 2014 Equity Incentive Plan) as of such date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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