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SILVERNAI	L LAUREN P											
Form 4												
February 16,												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE C							OMMISSION		PROVAL			
	UNITED	JIAILS							OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont See Instru	6. Filed purs Section 17(a	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							Expires:January 31, 2005Estimated average burden hours per response0.5			
1(b).												
(Print or Type R	Responses)											
1. Name and Address of Reporting Person <u>*</u> SILVERNAIL LAUREN P			2. Issuer Name and Ticker or Trading Symbol Revance Therapeutics, Inc. [RVNC]					5. Relationship of Reporting Person(s) to Issuer				
				•		. [K	VINCJ	(Check all applicable)				
(Last) C/O REVAN INC., 7555 (BOULEVA)	NCE THERAPEU GATEWAY	fiddle) JTICS,	3. Date of (Month/D 02/15/20	•	ansaction			Director X Officer (give below) CFO, C		Owner r (specify ry		
	(Street)		4. If Ame	ndment, Da	te Origina			6. Individual or Jo	oint/Group Filin	g(Check		
· · · · · · · · · · · · · · · · · · ·				nth/Day/Year	-	-		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	lv Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ned	3. Transactic Code (Instr. 8) Code V	4. Securi m(A) or Di (Instr. 3,	ties A spose	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		
Common Stock	02/15/2018			F	1,136 (1)	D	\$ 31.75	72,954	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1 77.4 0	2		24 D 1	4	5		• • • •	7 T.U		0.0.	0.11
1. Title of	2. Conversion	3. Transaction Date		4. Transact	5.	6. Date Exer		7. Titl		8. Price of	9. Nu Daria
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		onNumber	Expiration D		Amou		Derivative	Deriv
Security	or Exercise		any (Month/Dov/Voor)	Code	of Domination	(Month/Day	(Tear)	Under		Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)				Securi		(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						D .			or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
					() (-)						

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Reporting Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
SILVERNAIL LAUREN P C/O REVANCE THERAPEUTICS, INC 7555 GATEWAY BOULEVARD NEWARK, CA 94560	2.		CFO, CBO & Secretary						
Signatures									
/s/ Gordon Ho, 02 Attorney-in-Fact	2/16/2018								

**Signature of Reporting Person

Date

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) Represents the number of shares withheld by and surrendered to the issuer on February 15, 2018, to satisfy tax withholding obligations that arose in connection with the vesting of a 2017 Restricted Stock Award ("RSA") for 10,000 shares. The RSA vests in three (3) equal annual installments from February 15, 2017, subject to Mrs. Silvernail's Continuous Service (as defined in the 2014 Equity Incentive Plan) on each vesting 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.