

Allouche Cyril
 Form 3
 June 22, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Allouche Cyril		(Month/Day/Year)	Revance Therapeutics, Inc. [RVNC]	
(Last)	(First)	(Middle)	06/20/2018	
C/O REVANCE THERAPEUTICS, INC,Â 7555 GATEWAY BLVD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)	(Check all applicable)			
			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	
			<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	6. Individual or Joint/Group Filing(Check Applicable Line)
			(give title below) (specify below)	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			Principal Financial Officer	<input type="checkbox"/> Form filed by More than One Reporting Person
NEWARK,Â CAÂ 94560				
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,250 ⁽¹⁾	D	Â
Common Stock	2,250 ⁽²⁾	D	Â

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	
Employee Stock Option (Right to Buy)	Â (3)	10/30/2026	Common Stock	9,688	\$ 13.35	D	Â
Employee Stock Option (Right to Buy)	Â (4)	02/04/2028	Common Stock	5,500	\$ 30	D	Â

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	Â	Â	Â Principal Financial Officer	Â

Signatures

/s/ Gordon Ho,
Attorney-in-Fact

06/22/2018

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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 shares subject to the Restricted Stock award shall vest in four (4) equal annual installments beginning from November 15, 2016, subject to Mr. Allouche's Continuous Service (as defined in the Issuer's 2014 Equity Incentive Plan (the "Plan")) on each vesting date.
 - (2) The shares subject to the Restricted Stock award shall vest in three (3) equal annual installments beginning from March 15, 2018, subject to Mr. Allouche's Continuous Service (as defined in the Plan) on each vesting date.
 - (3) The shares subject to the Option shall vest over a period of four years commencing on October 31, 2016, with 25% vesting on the first anniversary of the vesting commencement date and 1/48th vesting every month thereafter over the remaining three years, subject to Reporting Person's Continuous Service (as defined in the Plan) as of such date.
 - (4) The shares subject to the Option shall vest as follows: 1/48th of the total number of shares subject to the Option shall vest in 48 equal monthly installments over 4 years following February 5, 2018, subject to Reporting Person's Continuous Service (as defined in the 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.