FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERS	HIP
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OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response.	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

							1011 00(11)	or tire	investinen		iipaiiy Act	01 104							
1. Name and Address of Reporting Person*  Topper David Joseph				2. Issuer Name and Ticker or Trading Symbol Arcutis Biotherapeutics, Inc. [ ARQT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
(Last)		irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/10/2024						X	Officer (below)	give title	10% Owner Other (specify below)				
3027 TOWNSGATE ROAD, SUITE 300					04/10/2024								Chief Financial Officer						
				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														) I = 100		ed by One	Repo	rting Persor	1
WESTLA	C	A	91361									Form filed by More than One Reporting Person				ting			
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication														
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to sa the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								o satisfy										
		Та	ble I - Nor	n-Deriv	vativ	e Se	ecurities	s Ac	quired,	Dis	posed c	of, or	Bene	eficially	Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/l				action 2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 a			Beneficia Owned F	s For ally (D) ollowing (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock			04/10	0/2024			A		110,000 <sup>(1)</sup> A		\$0	110,000			D				
	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 Da if any (Month/Day/Y	Code (Instr					6. Date Exercisable Expiration Date (Month/Day/Year)			of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				C	ode	v	(A)		Date Exercisab		xpiration ate	Title	O N	mount r lumber f Shares		(Instr. 4)			
Stock Option (right to	\$12.34	04/10/2024			A		310,000		(2)	0	4/10/2034	Comn		10,000	\$0	310,00	00	D	

## Explanation of Responses:

- 1. Represents Restricted Stock Units ("RSUs") that will vest as to 25% of the RSUs on each annual anniversary of April 10, 2024, subject to the Reporting Person's continued service through the applicable vesting
- 2. The option will vest and become exercisable as to 25% of the shares on the first annual anniversary of the grant date of April 10, 2024, and the remaining options will vest at 2.0833%, on each monthly anniversary thereafter, subject to the Reporting Person's continued service through the applicable vesting date.

## Remarks:

/s/ Masaru Matsuda, Attorneyon-Fact for David Topper

04/11/2024

\*\* Signature of Reporting Person

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.