FORM 3

601 UNION STREET, SUITE 3200

1. Name and Address of Reporting Person*

601 UNION STREET, SUITE 3200

WA

(State)

FHM LIFE SCIENCES VIII, L.L.C.

(First)

WA

98101

(Zip)

(Middle)

98101

(Street)

(City)

(Last)

(Street)

SEATTLE

SEATTLE

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden
hours per response: 0.5

					SECURITIES				ed average burden er response: 0.5
					n 16(a) of the Securities Exchange of the Investment Company Act of 1			<u> </u>	
Frazier Life Sciences VIII, L.P.			2. Date of Eve Requiring Stat (Month/Day/Ye	nt ement	3. Issuer Name and Ticker or Trading Symbol Arcutis Biotherapeutics, Inc. [ARQT]				
(Last) (First) (Middle) 601 UNION STREET, SUITE 3200			01/30/2020		4. Relationship of Reporting Pers (Check all applicable) Director X Officer (give title		r 01	5. If Amendment, Date of Original Filed (Month/Day/Year) 01/30/2020	
(Street) SEATTLE WA 98101 (City) (State) (Zip)			below) Sel		6. Ap	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
		,	Table I - No	on-Deriva	l Itive Securities Beneficia	lly Owned			
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownershi Form: Direct or Indirect ((Instr. 5)	t (D) (Ins	(D) (Instr. 5)	
Common Stoo	ck				509,032	D ⁽¹⁾			
		(ve Securities Beneficially ants, options, convertible		s)		
, , , , le			2. Date Exerc Expiration D (Month/Day/	ate	3. Title and Amount of Securit Underlying Derivative Security	y (Instr. 4) Conve		Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	
Series A Preferred Stock			(2)	(2)	Common Stock	6,360,272	0.00	D ⁽¹⁾	
Series B Preferred Stock			(2)	(2)	Common Stock	2,099,019	0.00	D ⁽¹⁾	
Series C Preferred Stock			(2)	(2)	Common Stock	1,074,467	0.00	D ⁽¹⁾	
1. Name and Address of Reporting Person* Frazier Life Sciences VIII, L.P.									
(Last) (First) (Middle) 601 UNION STREET, SUITE 3200									
(Street) SEATTLE WA 98101)1	_					
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* FHM LIFE SCIENCES VIII, L.P.									
(Last) (First) (Middle)									

(City)	(State)	(Zip)					
Name and Address of Reporting Person* Topper James N							
(Last) 601 UNION STR.	(First) EET, SUITE 3200	(Middle)					
(Street) SEATTLE	WA	98101					
(City)	(State)	(Zip)					

Explanation of Responses:

1. The reportable securities are held directly by Frazier Life Sciences VIII, L.P. ("FLS LP"). FHM Life Sciences VIII, L.P. ("FHM LP") is the general partner of FLS LP. FHM Life Sciences VIII, L.L.C. ("FHM LC") is the general partner of FHM LP. James Topper and Patrick Heron are the sole managing members of FHM LLC. Mr. Topper, FHM LP and FHM LLC disclaims beneficial ownership of the securities held by FLS LP except, to the extent of his or its pecuniary interest therein, if any.

2. Each share of the Issuer's Series A Preferred Stock, Series B Preferred Stock and Series C Preferred Stock will automatically convert into 1 share of the issuer's Common Stock immediately upon the closing of the Issuer's initial public offering and has no expiration date.

Remarks:

James N. Topper was inadvertently not included as a Reporting Person in the joint Form 3 filed on January 30, 2020.

Frazier Life Sciences VIII, L.P. By: FHM Life Sciences VIII, L.P. Its: general partner By 01/31/2020 FHM Life Sciences VIII, L.L.C. Its: general partner, By: /s/ Steve Bailey FHM Life Sciences VIII, L.P. By: FHM Life Sciences VIII, 01/31/2020 L.L.C. Its: general partner By: /s/ Steve Bailey FHM Life Sciences VIII, 01/31/2020 L.L.C. By: /s/ Steve Bailey /s/ Steve Bailey, Attorney-in-01/31/2020 Fact for James N. Topper ** 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 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).

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.