SEC For	rm 4																		
FORM 4			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549																
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									HIP	OMB Estim	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
1. Name and Address of Reporting Person <sup>*</sup> Smither John W						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Arcutis Biotherapeutics, Inc.</u> [ ARQT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				vner	
(Last) C/O AR	Last) (First) (Middle) C/O ARCUTIS BIOTHERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/31/2023								X Officer (give title Other (specify below) below) Chief Financial Officer					
3027 TOWNSGATE ROAD, SUITE 300					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WESTLAKE VILLAGE CA 91361														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)		State)	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Ta	ble I - Nor	1-Deriv	ative S	ecurities Ac	quir	red,	Disp	osed o	of, o	r Bene	ficially	Owned					
1. Title of Security (Instr. 3) Date (Month					action 2A. Deemed Execution Date, if any (Month/Day/Year)		, Ti C	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or 3, 4 and 5	) or 4 and 5) Beneficially Owned Foll Reported		Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
							c	ode	v	Amount		(A) or (D)	Price	Transacti	Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
						curities Acq lls, warrants								Dwned					
1. Title of Derivative Security	ve Conversion Date Execution Date,				ansaction ode (Instr.	5. Number of Derivative Securities	Expir	Date Exercisable and xpiration Date Month/Day/Year)			mount	ount 8. Price of 9. Derivative de Security Security			10. Ownership Form:	11. Nature of Indirect Beneficial			

(Instr. 3)	Price of Derivative Security	(noninbay) real)	(Month/Day/Year)	8)		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(wonunbay) real)		Derivative (Instr. 3 ar	Security	(Instr. 5)	Beneficially Owned Following Reported Transaction(s)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Stock Option (right to buy)	\$8.54	08/31/2023		A		125,000		(1)	08/31/2033	Common Stock	125,000	\$0	125,000	D	

## Explanation of Responses:

1. The option vests 1/48 of the total shares in equal monthly installments over a four year period, beginning September 30, 2023, subject to the Reporting Person's continuous provision of services to the Issuer on each vesting date. The option contains an early-exercise provision and is exercisable as to unvested shares, subject to the Issuer's right of repurchase.

## **Remarks:**

/s/ Masaru Matsuda, Attorneyin-Fact for John W. Smither 09/05/2023

\*\* 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 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.