SEC Form 4	
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FORM 4

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

OMB APPROVAL

	ROVAL
OMB Number:	3235-0287
Estimated average bi	urden
hours per response:	0.5

X to Sect obligati	this box if no lo ion 16. Form 4 ions may contin tion 1(b).	or Form 5	ST	Filed	pursu	uant to	Section	n 16(a	a) of the	e Seci	urit	ties Exchang	ge Act o	of 1934	ERSHIP		OMB Numb Estimated a hours per n	average	e burdei	235-0287 n 0.5
1. Name and Address of Reporting Person [*] Frazier Life Sciences VIII, L.P.				2. 1	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Arcutis Biotherapeutics, Inc.									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title below) below)						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/24/2023															
70 WILLOW ROAD, SUITE 200			4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								·)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person							
(Street) MENLO	PARK C	A 9	94025										X Form filed by More than One Reporting Person					rting		
(City)	(City) (State) (Zip)			Rı	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.													ded to		
		Table	e I - N	Non-Deriva	ative										cially Own	ed				
Date		2. Transaction Date (Month/Day/Y	ear)	Execut if any	Deemed cution Date, 1y nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 and 5)			r 5. Amount of Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nati Indired Benefi Owner	ct icial			
					(Code	v		mount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock			10/24/202	23				Р			80,000	Α	\$2.5	8,764,2	32	D			
Common	Stock														7		I		Scier	I Life nces L.L.C.
Common	Stock														11,26	6	Ι		By T Grou LLC	
Common	Stock														19,38	1	I		Fami	cable
Common	Stock														23,68	i88 I He				
Common	Stock										ſ				8,687	5)	I		By P Hero	atrick J. n
		Та	ble I									osed of, convertit			ially Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date,	4. Trans	saction e (Instr.	5. No of Deri Seco Acq (A) o Disp of (E	umbe vative urities uired or oosed O) tr. 3, 4	er 6. Da Expi e (Moi		erc n Da	cisable and ate	7. Titl Amou Secu Unde Deriv	le and unt of rities erlying vative rity (Inst	8. Price of Derivative Security (Instr. 5)	deriva Secur Bene Owne Follo Repo	rities ficially ed wing rted saction(s)	Form: Direct or Ind		
					Code	e V	(A)	(D)	Date Exer	e rcisab	ole	Expiration Date	Title	Amour or Numbe of Shares	er					
		Reporting Person																		
(Last) 70 WILI	LOW ROA	(First) D, SUITE 200	((Middle)																
(Street) MENLO	PARK	CA		94025																
(City)		(State)		(Zip)																

1. Name and Address FHM LIFE SC			
(Last)	(First)	(Middle)	
70 WILLOW RO	AD, SUITE 200		
(Street) MENLO PARK	СА	94025	
(City)	(State)	(Zip)	
1. Name and Address FHM LIFE SC			
(Last)	(First)	(Middle)	
70 WILLOW RO	AD, SUITE 200		
(Street)			
MENLO PARK	CA	94025	
(City)	(State)	(Zip)	
1. Name and Address <u>Topper James</u>		1*	
(Last)	(First)	(Middle)	
70 WILLOW RO	AD, SUITE 200		
(Street)			
MENLO PARK	CA	94025	
(City)	(State)	(Zip)	
1. Name and Address <u>Heron Patrick</u>)*)	
(Last)	(First)	(Middle)	
70 WILLOW RO.	AD, SUITE 200		
(Street)			
MENLO PARK	CA	94025	
(City)	(State)	(Zip)	

Explanation of Responses:

Represents shares held of record by FHM Life Sciences VIII, L.L.C. Dr. Topper and Mr. Heron are the sole managing members of FHM Life Sciences VIII, L.L.C. and share voting and investment power of the securities held by FHM Life Sciences VIII, L.L.C. Dr. Topper and Mr. Heron disclaim beneficial ownership of such securities except to the extent of their pecuniary interest therein.
 Dr. Topper is a manager of Topper Group II LLC and shares voting and investment power over the shares held by Topper Group II LLC.

3. Dr. Topper is a trustee of the Topper Family Revocable Trust and has voting and investment power over the shares held by Topper Family Revocable Trust.

4. Mr. Heron is the co-trustee of The Heron Living Trust 11/30/2004 and has voting and investment power of the securities held by The Heron Living Trust 11/30/2004.

5. Includes 4,375 Restricted Stock Units ("RSUs"). Mr. Heron is entitled to receive one (1) share of the Issuer's Common Stock for each one (1) RSU upon the vesting thereof.

J. Includes 4,575 Resultion Stock Onlis (RSOS). WIL REPORTS Entitied to receive one (1) State of the issuer's Common Stock for each one (1) KSU upon the vestile

Remarks:

Frazier Life Sciences VIII, L.P., By: FHM Life Sciences VIII, L.P., its general partner, By: FHM Life Sciences VIII, L.L.C., its general, partner, By: /s/ Steve R. Bailey, Chief Financial Officer	<u>10/26/2023</u>
<u>FHM Life Sciences VIII, L.P.,</u> <u>By: FHM Life Sciences VIII, L.L.C., its general, partner,</u> <u>By: /s/ Steve R. Bailey, Chief</u> <u>Financial Officer</u>	<u>10/26/2023</u>
<u>FHM Life Sciences VIII,</u> <u>L.L.C., By: /s/ Steve R.</u> <u>Bailey, Chief Financial Officer</u>	<u>10/26/2023</u>
<u>/s/ Steve R. Bailey, Attorney-</u> <u>in-Fact for James N. Topper</u>	<u>10/26/2023</u>
<u>/s/ Steve R. Bailey, Attorney-</u> <u>in-Fact for Patrick J. Heron</u>	<u>10/26/2023</u>
** Signature of Reporting Person	Date

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

 \ast 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.