

Revance Therapeutics, Inc.
 Form 3
 February 05, 2014

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

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

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 * SILVERNAIL LAUREN P (Last) (First) (Middle) C/O REVANCE THERAPEUTICS, INC., 7555 GATEWAY BOULEVARD (Street) NEWARK, CA 94560 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 02/05/2014	3. Issuer Name and Ticker or Trading Symbol Revance Therapeutics, Inc. [RVNC]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) CFO, Secretary & EVP Corp Dev.	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
---	--	--	--	--	---

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)
------------------------------------	--	---	--

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 control number.

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 (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

Edgar Filing: Revance Therapeutics, Inc. - Form 3

				Shares		or Indirect (I) (Instr. 5)	
Stock Option (Right to Buy)	⌘ (1)	05/23/2023	Common Stock	96,373 (2)	\$ 8.7 (3)	D	⌘

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SILVERNAIL LAUREN P C/O REVANCE THERAPEUTICS, INC. 7555 GATEWAY BOULEVARD NEWARK, CA 94560	⌘	⌘	⌘ CFO, Seretary & EVP Corp Dev.	⌘

Signatures

/s/ Gordon Ho,
Attorney-in-fact
02/05/2014

__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).
The Option shares shall vest as follows: 25% of the total number of shares subject to the Option shall vest on March 18, 2013, and 1/48th of the total number of shares subject to the Option shall vest in 36 equal monthly installments thereafter, subject to Reporting Person's
- (1) Continuous Service (as defined in the Issuer's 2012 Equity Incentive Plan) as of such date. Upon a Change of Control (as defined in the Employment Agreement of Reporting Person with the Issuer, vesting shall accelerate such that 50% of the then unvested shares shall immediately vest and become exercisable.
 - (2) Reflect a 1-for-15 reverse split of the Issuer's issued and outstanding securities effective February 3, 2014.
 - (3) Price reflects 1-for-15 reverse stock split

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.