SIENNA BIOPHARMACEUTICALS, INC.
Reported by
HARRIS TODD

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 03/20/18 for the Period Ending 03/19/18

Address	30699 RUSSELL RANCH ROAD, SUITE 140
	WESTLAKE VILLAGE, CA, 91362
Telephone	(818) 629-2256
CIK	0001656328
Symbol	SNNAQ
SIC Code	2834 - Pharmaceutical Preparations
Industry	Biotechnology & Medical Research
Sector	Healthcare
Fiscal Year	12/31

FORM 4

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).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or
Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * **Harris Todd** (Last) (First) (Middle) **C/O SIENNA BIOPHARMACEUTICALS, INC., 30699 RUSSELL RANCH ROAD, SUITE 140** (Street) **WESTLAKE VILLAGE, CA 91362** (City) (State) (Zip)	2. Issuer Name **and** Ticker or Trading Symbol **Sienna Biopharmaceuticals, Inc. [SNNA]**	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) **X** Director ____ 10% Owner **X** Officer (give title below) ____ Other (specify below) **Head of Corporate Development**
	3. Date of Earliest Transaction (MM/DD/YYYY) **3/19/2018**	
	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line) **X** Form filed by One Reporting Person __ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8) Code	V	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Amount	(A) or (D)	Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	3/19/2018		S(1)		5,876	D	$20	602,066	D	

Table II - Derivative Securities Beneficially Owned (*e.g.*, puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8) Code	V	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)	(D)	6. Date Exercisable and Expiration Date Date Exercisable	Expiration Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Title	Amount or Number of Shares	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

(1) Transaction made pursuant to a 10b5-1 trading plan adopted by the Reporting Person on September 22, 2017.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Harris Todd **C/O SIENNA BIOPHARMACEUTICALS, INC.** **30699 RUSSELL RANCH ROAD, SUITE 140** **WESTLAKE VILLAGE, CA 91362**	X		**Head of Corporate Development**	

Signatures

/s/ Timothy K. Andrews, attorney-in-fact for Todd Harris	3/20/2018
**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 control number.