Cox Russell J. Form 3

January 18, 2012

FORM		SECURITIES AND EXCHANGE COMMISSION			SION	OMB APPROVAL					
	J		Washin	gton, D	.C. 20549				OMB Number:	3235-	0104
				Γ OF BENEFICIAL OWNERSHIP OF SECURITIES			F	Expires: January		y 31, 2005	
									burden hou		
		n 17(a) of	t to Section 16(a) the Public Utility 0(h) of the Invest	y Holdin	g Company	Act of 19			response	•	0.5
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> Cox Russell J.			2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbolic Jazz Pharmaceuticals plc [JAZZ]				ibol		
(Last)	(First)	(Middle)	01/18/2012		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
C/O JAZZ PHARMACE PLC, 45 FI SQUARE					(Check Director X Officer		% Owner				
	(Street)				(give title below	(specify be s and Marke	elow)	Filing(vidual or Join Check Application filed by Or	able Line)	g
DUBLIN 2,Â	L2Â							Person For	rm filed by Mo ng Person		-
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned								
1.Title of Securi (Instr. 4)	ty		2. Amount of Se Beneficially Ow (Instr. 4)			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)		ndirect Bene	ficial	
Reminder: Repo		te line for e	ach class of securities	s beneficia	llly S	EC 1473 (7-0	02)				
	inform require	ation cont ed to respo	pond to the collec ained in this form ond unless the for MB control numbe	are not m displa	ys a						
Ta	able II - Deri	vative Secu	rities Beneficially O	wned (e.g	g., puts, calls,	warrants, o	ptions, o	converti	ble securitie	s)	
1. Title of Deriv (Instr. 4)	ative Security	Expi	ate Exercisable and iration Date n/Day/Year)	Securitie	nd Amount of s Underlying ve Security	Conver		Ownershi Form of		e of Indire ial Owners	

Derivative Security

(Instr. 4)

or Exercise Form of

Derivative

Security:

Price of

Derivative

(Instr. 5)

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Date Exercisable	Expiration Date	Title	Amount or Number of	Security	Direct (D) or Indirect
			Shares		(I)
					(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Cox Russell J. C/O JAZZ PHARMACEUTICALS PLC 45 FITZWILLIAM SQUARE DUBLIN 2, L2Â	Â	Â	SVP, Sales and Marketing	Â			
Signatures							
/s/ Carol A. Gamble as attorney in fact for Russell J. Cox			01/18/2012				
<u>**</u> Signature of Reporting Person	Date						
Explanation of Responses:							
No securities are beneficially owned							

* 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. 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.