Edgar Filing: Jazz Pharmaceuticals plc - Form 4

Jazz Pharmac	ceuticals plc										
Form 4											
April 10, 201	4										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EACHANGE COMMISSION								ONIB	3235-0287		
Check this	Check this box Washington, D.C. 20549							Number:	January 31,		
if no longer				CEC IN I	DENIDEI	CIA			Expires:	2005	
subject to STATEMENT OF CHANG				GES IN BENEFICIAL OW SECURITIES				NERSHIP OF	Estimated a		
Section 10 Form 4 or	Section 100				IIIES				burden hours per		
Form 5		urguant to	Section 1	5(a) of the	Securit	oc Er	vehan	ge Act of 1934,	response	0.5	
obligation	¹⁸ Section 1							of 1935 or Section	m		
may conti	nue.		of the In	•	•	- ·			/11		
See Instru 1(b).	ction	20(11)	or the m	, estiment	compun	, 1100	. 01 17				
-(-).											
(Print or Type R	esponses)										
1 37 1 4		D *						5 D L	(D) (' D		
Varan E'nten				Name and	Ticker or '	Tradin	ıg	5. Relationship of Reporting Person(s) to Issuer			
Reegan I ma	un		Symbol	maccanti		147	71				
			Jazz Pha	armaceutio	cals pic [JAL	۷]	(Cheo	ck all applicable	e)	
(Last)	(First)	(Middle)		Earliest Tra	ansaction						
C/O JAZZ PHARMACEUTICALS 04/08/2				-				Director 10% Owner X_ Officer (give title Other (specify			
	AUGHT HOU		04/08/20	J14				below)	below)		
	ON RD, FL. 4							EVP, Te	echnical Operat	ions	
Denthitter			4 76 4					<pre>/</pre>			
(Street) 4. If Ame Filed(Mor				Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				(In/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN 4,	L2							Form filed by M	More than One R		
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction D	Date 2A. Dee						Securities	6. Ownership	7. Nature of	
Security	(Month/Day/Yea								Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership		
(Instr. 3)		any (Month/						Beneficially Owned		Ownership	
(intolitii/Day/			Duy/Teur)	(11301.0)	(1150.5,	i unu	5)	Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(msu. 5 and 4)			
Ordinary	04/08/2014			S (1)	750	D	\$	38,522	D		
Shares							130				

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion (Month/Day/Year) E or Exercise an Price of (1 Derivative		4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerc Expiration D (Month/Day/	ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
Reporting Owner Name / Address			Relationships Director 10% Owner Officer								
C/O JAZZ CONNA	Keegan Fintan C/O JAZZ PHARMACEUTICALS PLC CONNAUGHT HOUSE, 1 BURLINGTON RD, FL. 4 DUBLIN 4, L2				10% Ow		Other 1 Operations				

Signatures

/s/ Larissa Schwartz as attorney in fact for Fintan Keegan 04/10/2014 **Signature of Reporting Person Date

Explanation of Responses:

* 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).

(1) The transaction reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.

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.

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