Edgar Filing: Jazz Pharmaceuticals plc - Form 4

	ceuticals plc										
Form 4 February 12	. 2015										
									OMB APPROVAL		
Washing					TIES AND EXCHANGE COMMISSION ington, D.C. 20549				OMB Number:	3235-0287	
Check th if no lon subject to	F CHANGES IN BENEFICIAL OWN					NERSHIP OF	Expires: Estimated a	January 31, 2005 average			
Section 16. Form 4 or				SECURITIES					burden hou	•	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction Form 5 obligations May continue. See Instruction Form 5 obligations May continue. See Instruction See Instruction See Instruction See Instruction Sec Instruction See Instruction Sec Instructio							0.0				
(Print or Type	Responses)										
TT C C 11			2. Issuer Symbol	2. Issuer Name and Ticker or Trading ymbol				5. Relationship of Reporting Person(s) to Issuer			
	Jazz Ph	armaceuti	cals plc	[JAZ	Z]	(Check all applicable)					
				3. Date of Earliest Transaction				Director 10% Owner			
				Month/Day/Year))2/10/2015				Director 10% Owner X_ Officer (give title Other (specify below) EVP & General Counsel			
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN4,	L2								fore than One Re		
(City)	(State)	(Zip)	Tabl	le I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Title of ecurity2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if Transaction			(A)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Ordinary Shares	02/10/2015			М	1,851	А	\$ 46.83	49,426	D		
Ordinary Shares	02/10/2015			S <u>(1)</u>	1,851	D	\$ 166.9	47,575	D		

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.

Edgar Filing: Jazz Pharmaceuticals plc - Form 4

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Derivative Expiration Date (Month/Day/Year) cquired (A) or isposed of (D) nstr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shares
Non-Qualified Stock Option (right to buy)	\$ 46.83	02/10/2015		М	1,851	(2)	08/08/2022	Ordinary Shares	1,85

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 0	Director	10% Owner	Officer	Other		
Hooper Suzanne Sawochka CONNAUGHT HOUSE, 1 BURLINGTON RD, FL. 4 DUBLIN4, L2			EVP & General Counsel			
Signatures						
By: /s/ Larissa Schwartz as attorney in fact For: Suzanne Sa Hooper	wochka	02/1	2/2015			
<u>**</u> Signature of Reporting Person		D	ate			
Evaluation of Responses:						

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 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- As of the date of this report, the remaining ordinary shares subject to this option are vested with respect to 28,219 shares and will vest
 (2) with respect to 12,805 shares in equal monthly installments from March 9, 2015 to December 9, 2015 and with respect to 9,532 shares in equal monthly installments from January 9, 2016 to August 9, 2016.

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.