FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHAN |
|--|---------------------------|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section |

GES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* ENRIGHT PATRICK G | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Jazz Pharmaceuticals plc</u> [JAZZ] | | | | | | | | | | k all app | olicable) | ing Pe | erson(s) to l | |
|---|--|--|---|------------|---|--|---|------------------|---|-------|--|------------------------------|---|-----------------------|---|-------------------------------|--|---------------|--|--|
| (Last) (First) (Middle) CONNAUGHT HOUSE, 1 BURLINGTON RD, FL. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/02/2016 | | | | | | | | | | er (give title w) | | Other below | (specify) |
| (Street) DUBLIN (City) | | | Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 3. Indi ine) X | | | | | son |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | Date | ansaction hth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | I (A) or . 3, 4 ar | and Securities Beneficially Owned Follo | | ies cially Following | Forr (D) (| wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | Code | v | Amount | | | (A) or (D) Prid | | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Ordinary Shares | | | 12/02/ | 12/02/2016 | | | | S ⁽¹⁾ | | 677 | D \$: | | \$10 | 1.8 | 1,365 | | | D | | |
| Ordinary | Ordinary Shares | | | | | | | | | | | | | | | 4,323 | | | I | By Longitude Capital ⁽²⁾ |
| Ordinary Shares | | | | | | | | | | | | | | | 215,677 | | 5,677 | | I | By Longitude Venture ⁽²⁾ |
| | | Та | | | | | | | | | osed of, | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/E | on Date, | 4. Transaction Code (Instr. 8) | | 5. Number of | | 6. Date I Expirati (Month/I | on Da | | Am Sec Un De Sec | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Der | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercisa | able | Expiration Date 1 | | or No of | umber | | | | | | |

Explanation of Responses:

- $1. \ This \ transaction \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ Reporting \ Person.$
- 2. The Reporting Person is a managing member of Longitude Capital Partners, LLC, the general partner each of Longitude Venture Partners, L.P. ("Longitude Venture") and Longitude Capital Associates, L.P. ("Longitude Capital"). The Reporting Person disclaims beneficial ownership of the securities of the Issuer held by Longitude Venture and Longitude Capital, except to the extent of his pecuniary interest

By: /s/ Peter A Christou as attorney in fact For: Patrick G. 12/06/2016 Enright

** 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 Number.