FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES 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*  O'Keefe Kenneth W						2. Issuer Name and Ticker or Trading Symbol JAZZ PHARMACEUTICALS INC [ JAZZ ]								neck al	onship o Il applic Directo	able)	g Pers	son(s) to Issu 10% Ow		
(Last)	ast) (First) (Middle) /O BEECKEN PETTY O' KEEFE & COMPANY					3. Date of Earliest Transaction (Month/Day/Year) 08/17/2009									Officer below)	(give title		Other (s below)	pecify	
131 DEARBORN ST., SUITE 2800						If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CHICAGO IL 60603													X	Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	ty) (State) (Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)					ear)	Execution if any	A. Deemed Execution Date, f any Month/Day/Year)		Transaction Dis		ties Acquire d Of (D) (Ins		4 and Securiti Benefic Owned		s Ily ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)				Instr. 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 D if any (Month/Day	Date,	i. Fransaction Code (Instr. I)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration I (Month/Day	Date		and 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		Deriv Secu	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares							
Option (right to buy)	\$6.33	08/17/2009			A		10,000		(1)	0	8/16/2019	Common Stock	10,000	\$6	6.33	10,000	0	D		
Phantom Stock	(2)	08/17/2009			A		7,109		(2)		(2)	Common Stock	7,109	\$6	6.33	17,112	2	D		

## **Explanation of Responses:**

1. The option shares shall vest in a series of twelve (12) successive equal monthly installments upon completion of each month of Continuous Service (as defined under the Issuer's 2007 Non-Employee Directors Stock Option Plan) over the one (1)- year period measured from the date of the grant, August 17, 2009.

2. Each share of phantom stock is the economic equivalent of one share of the Issuer's common stock. The shares of phantom stock become payable in common stock upon the tenth (10th) business day following the earlier to occur of (i) the Reporting Person's separation from service as a director or (ii) a Change of Control (as defined under the Issuer's Directors Deferred Compensation Plan).

## Remarks:

/s/ Carol A. Gamble, as

Attorney-in-Fact for Kenneth

08/19/2009

Date

W. O'Keefe

\*\* Signature of Reporting Person

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.