## FORM 5

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Vashing	ton D	C	20549

## **ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

OMB APP	OMB APPROVAL									
OMB Number: 3235-0362										
Estimated average burden										
hours per response	: 1.0									

Form 3 Holdings Reported.

	nd Address of															
Name and Address of Reporting Person*     Carr Patricia			2. Issuer Name and Ticker or Trading Symbol  Jazz Pharmaceuticals plc [ JAZZ ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below) below)  SVP, Chief Accounting Officer						
(Last) (First) (Middle) 5TH FL, WATERLOO EXCHANGE				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2023												ear)
(Street) DUBLIN 4 L2				4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(St		Zip)													
		Table	I - Non-Deriva	ative Secur	rities Ac	quir	ed, Dis	posed	l of, o	or B	enefici	ally Owr	ned			
Date		Date (Month/Day/Year)	2A. Deemed Execution Date if any (Month/Day/Yea	Code (	Transaction Code (Instr.		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			Disposed	Securiti Benefic	es Own		rship : Direct	7. Nature of Indirect Beneficial Ownership	
			(MOHUI) Day/ Tea	ai)   0)			(A) or (D) Price		се	Issuer's		scal Indirect (I)		(Instr. 4)		
Ordinary Shares		12/04/2023		S	S4 50 D \$121		121.394	5,986		5 D						
		Та	ble II - Derivat (e.g., pı	ive Securit uts, calls, v									d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date curity or Exercise (Month/Day/		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Exp (Mo	Pate Exerc piration Da onth/Day/Y	ite	S U D S	Title Amour Securi Inderl Jeriva Securi and	nt of ties lying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g d dicion(s)	10. Ownersi Form: Direct (I or Indire (I) (Instr.	Benefic Owner ct (Instr.

Date Exercisable

**Explanation of Responses:** 

By: /s/Adam Guttmann, as attorney in fact For: Patricia

02/12/2024

Carr

Expiration Date

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

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.

<sup>\*\*</sup> Signature of Reporting Person Date

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).