FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasnington,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Pearce Samantha						2. Issuer Name and Ticker or Trading Symbol <u>Jazz Pharmaceuticals plc</u> [JAZZ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify					
(Last) (First) (Middle) 5TH FL, WATERLOO EXCHANGE WATERLOO RD						3. Date of Earliest Transaction (Month/Day/Year) 11/10/2022								below	<i>'</i>)	Europ	below) e & Interr		
WATERLOO RD						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) DUBLIN											Line) X Form filed by One Reporting Person								
DOBLIN	.										Form filed by More than One Reporting Person								
(City)	(Si	tate)	(Zip)																
		Tab	le I - No	n-Deriv	ative	Se	curiti	es A	cquired	l, Di	sposed o	of, or Be	neficia	ally Owne	d				
Date				2. Transa Date (Month/D	Exe		2A. Deemed Execution Date, f any Month/Day/Year)		Code	Transaction Disposed Code (Instr.		ties Acquired (A) or i Of (D) (Instr. 3, 4 and		d 5) Securit Benefic Owned	Beneficially Owned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	(A) or Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Ordinary Shares			11/10/	2022	\top			М		532	A	\$109	.45 1	11,841		D			
Ordinary Shares			11/10/	2022			S	s 5		D	\$15	5 1	11,309		D				
Ordinary Shares			11/10/	/2022				M		531	A	\$109	.45 1	11,840		D			
Ordinary Shares 11/			11/10/	2022		S		531 D		\$15	5 1	11,309		D					
		Т	able II								oosed of converti			ly Owned					
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	n Date,	Date, Transa		of Derig Secu Acqu (A) of Disp of (D	osed) r. 3, 4	Expiration	6. Date Exercisal Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership tt (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$109.45	11/10/2022			M ⁽¹⁾			532	(2)		05/06/2030	Ordinary Shares	532	\$0.0	9,031		D		
Non- Qualified Stock Option (right to	\$109.45	11/10/2022			M ⁽¹⁾			531	(2)		05/06/2030	Ordinary Shares	531	\$0.0	8,500)	D		

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- 2. These options were granted pursuant to the Issuer's 2011 Equity Incentive Plan. The ordinary shares subject to these options vest over four years measured from the vesting commencement date of March 2, 2020, 1/4th vested on the first anniversary of the vesting commencement date and the remainder vests in 36 equal monthly installments thereafter.

By: /s/Adam Guttmann, as attorney in fact For: Samantha 11/14/2022
J Pearce

** 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.