FORM 4

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

| Washington, D | D.C. | 20549 |
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| STATEMENT | OF CHANGES IN | I BENEFICIAL | OWNERSHIP |
|-----------|---------------|--------------|-----------|
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| OMB APF | PROVAL | | | | | | |
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| hours per response | . 05 | | | | | | |

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* MILLER MICHAEL PATRICK | | | | | | 2. Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ] | | | | | | | | | Check | ationship of Reporting all applicable) Director Officer (give title | | 10 | o Issue % Own ner (sp | ner |
|--|--|------|--|------------------------------|------------|---|--|--|------------------|---|--------------------|-------------------------|----------------|---|--|--|---|--|-----------------------------|-----|
| (Last) (First) (Middle) 5TH FL, WATERLOO EXCHANGE WATERLOO RD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/17/2017 | | | | | | | | | X | belov | N) . | below) Commercial | | , |
| (Street) DUBLIN 4 L2 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Acc | quired | , Dis | posed o | f, or | Ben | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transposition (Month/L | | | 2A. Deemed Execution Dat if any (Month/Day/Ye | | Date, | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 4 and 5) Se Be Ov | | ount of ities icially d Following ted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | t of ct Be | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (1 | (A) or (D) Prid | | | | action(s) 3 and 4) | | | | | |
| Ordinary | Shares | | | 07/17 | 07/17/2017 | | | | S ⁽¹⁾ | | 200 D | | D | \$154 | 1.97 22,196 ⁽²⁾ | | 2,196 ⁽²⁾ | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | 4. Transa Code (8) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | nstr. 3 | Deri Secu | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | nip of Be) On ct (Ir | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nu of | mber ares | | | | | | |

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- 2. Includes 173 ordinary shares acquired under a Section 423 Employee Stock Purchase Plan on May 31, 2017.

By: /s/Peter A Christou, as attorney in fact For: Michael 07/18/2017 Patrick Miller

** 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.