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.C. 20549

<b>STATEMENT</b>	OF CHANGES II	N BENEFICIAL	OWNERSHIP

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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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					10.1		NI				Comments and			1.	D-1-4		f D	D	- (-) +- 1-		
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [ JAZZ ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
McGill Iain					1302	Jazz Fliaimaceuticais pic [ JAZZ ]								Ι,			Director Officer (give title pelow)		10% Owner		
					-									_	X				Other (specify below)		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/07/2016										, P, Europe &	& Rest	,				
CONNA	UGHT HO	USE, 1 BURLIN	IGTON I	RD, FL.	05/	00/07/2010											,				
4																					
					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														٦	X Form filed by One Reporting Person						
DUBLIN	[4 L2														Form filed by More than One Reporting						
(0:1)	(0)		· <b>-</b> · 、		1											Pers	son				
(City)	(St	ate) (	Zip)																		
		Tabl	le I - No	n-Deriv	ative/	Se	curitie	es Ac	quired	, Dis	posed o	of, o	r Ben	efici	ally C	Owne	ed				
1. Title of S	Security (Inst	r. 3)		2. Transa	action									ount of	6. Owne		7. Nature				
				Date (Month/D	Day/Yea	Execution Date, ay/Year) if any			Code (Instr.			f (D) (Instr. 3, 4 a		´ Benefi		icially	(D) or Ir	Form: Direct (D) or Indirect	of Indirect Beneficial		
						(Month/Day		th/Day/Year) 8)							Reported		d Following ted	(I) (Insti	(I) (Instr. 4)	Ownership (Instr. 4)	
										v	Amount		(A) or (D) Price				action(s)			,	
Owlinew Change					7/2016	2016			F(1)		818	$\top$	D	\$127	7.84	84 21,151		Г			
Ordinary Shares 03/07/2					/2010				F · /		010		ט	Ψ12	7.04		.1,131		,		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
				(e.g., p	uts, c	alls	, warr	ants,	option	ıs, c	onvertib	ole s	secur	ities)							
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any	n Date, Tr		I. Fransaction Code (Instr.		ımber /ative	Expiration Date A				7. Title and Amount of Securities		8. Price of Derivative Security		9. Number of derivative Securities	Owr	10. Ownership Form:	11. Nature of Indirect Beneficial	
(Instr. 3)	ay/Year)	8)			ırities	` ´ ´   Uı				Underlying Derivative Security (Instr.		(Instr. 5)		Beneficially Owned	Dire	Direct (D) or Indirect	Ownership (Instr. 4)				
Derivative Security							Acquired (A) or		s					Sec	Following		nstr. 4)	(111511. 4)			
								osed )				and	and 4)				Reported Transaction	(s)			
								(Instr. 3, 4 and 5)									(Instr. 4)				
				Ì			<del>                                      </del>						An	nount	1						
										or Numbe											
					Code	code V (A) (D)			Date Expiration Exercisable Date		of Title Shares										
				1 " "	L'-'				1					]							

## **Explanation of Responses:**

1. Shares withheld to satisfy tax obligations arising out of vesting of a portion of previously granted restricted stock units.

By: /s/ Karen Eberle as attorney in fact For: Iain McGill

03/09/2016

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.