FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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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*						Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Gamble Carol A						JAZZ PHARMACEUTICALS INC [ JAZZ ]								] [	neck		n applicable) Director		10% O	wner	
, , ,	<b>/-</b> -				2 0	oto of	Corline	t Tropo	action (A	lonth/	Dou/Voor)			$\dashv$	X	Office	er (give title v)		Other ( below)	specify	
(Last) (First) (Middle) C/O JAZZ PHARMACEUTICALS INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/31/2011											SVP, GC a	nd Secre	tary		
3180 PORTER DRIVE																					
STOOT OKTER DATVE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)															ne) X	Form	n filed by One	e Reportin	n Pers	on	
PALO ALTO CA 94304															21	Form filed by More than One Reporting					
															Person					-	
(City)	(5)	ate) (	Zip)																		
		Tabl	e I - Non	-Deriva	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, oı	r Ben	eficia	ally	Owne	ed				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 05/31/					/2011				J <sup>(1)</sup>		3,326	6 A		\$0.	85	10,530		D			
		Та	ıble II - D								sed of, onvertib				y Ov	vned		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Date, Transactio Code (Inst				6. Date E Expiratio (Month/E	n Dat	e Am Sec Un De Sec		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			vative de urity Se r. 5) Be Ov Fo Re	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				(	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount mber ires							

## **Explanation of Responses:**

1. Shares acquired through a qualified Section 423 Employee Stock Purchase Plan.

## Remarks:

/s/ Carol A. Gamble

06/01/2011

\*\* 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.