## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  MOMTAZEE JAMES C						2. Issuer Name and Ticker or Trading Symbol JAZZ PHARMACEUTICALS INC [ JAZZ ]								elationship ( eck all applic X Directo	cable) or		rson(s) to Issuer 10% Owner	
(Last) (First) (Middle) C/O KOHLBERG KRAVIS ROBERTS & CO L.P. 2800 SAND HILL ROAD, SUITE 200						25/2	010		saction (Mont			6. Ir	Officer (give title below)  Other (specify below)  6. Individual or Joint/Group Filing (Check Applicable					
(Street) MENLO PARK CA 94025					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)																		
		Tab	le I - Non-	-Deriva	tive	Sec	curities	s Ac	quired, D	ispos	sed o	f, or Bei	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Ins	on Dis	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code V	Amount		(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
		-	Table II - D						uired, Dis s, options,					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	Co	ransaction code (Instr.		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisable	Expir Date	ration	Title	Amount or Number of Shares					
Phantom Stock	(1)	08/25/2010		1	A		3,045		(2)	(2	2)	Common Stock	3,045	\$8.23	15,88	1	D	
Director Stock Option (Right to Buy)	\$8.23	08/25/2010		1	A		12,500		(3)	08/25	5/2020	Common Stock	12,500	\$0	12,50	0	D	

## **Explanation of Responses:**

- 1. Each share of phantom stock is the amount equivalent to one share of the Issuer's common stock.
- 2. The shares of phantom stock become payable in common stock upon the earlier to occur of the tenth business day following (i) the Reporting Person's separation from service as a director or (ii) a Change of Control of the Issuer (as defined under the Issuer's Directors Deferred Compensation Plan, as amended).
- 3. The option shares shall vest in a series of twelve (12) successive equal installments upon completion of each month of Continuous Service (as defined under the Issuer's 2007 Non-Employee Directors Stock Option Plan, as amended) over the one (1)-year period measured from August 15, 2010.

/s/ Richard J. Kreider, Title: Attorney-in-fact for James C Momtazee, Authorized

08/27/2010

**Signatory** 

\*\* Signature of Reporting Person

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.