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								

	Check this box if no longer subject to								
\neg	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

1. Name and Address of Reporting Person* <u>COZADD BRUCE C</u>						2. Issuer Name and Ticker or Trading Symbol <u>Jazz Pharmaceuticals plc</u> [JAZZ]									all app		1	0% O	wner
C/O JAZZ PHARMACEUTICALS PLC, CONNAUGHT HOUSE, 1 BURLINGTON RD., FL.						3. Date of Earliest Transaction (Month/Day/Year) 09/08/2015								X	Officer (give title below) I				(specify
(Street) DUBLIN L2 4 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Indiv ine) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - N	on-Deriv	ative	Sec	uritie	es Ac	quired	d, Di	sposed o	f, or B	enefic	ially (Dwne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,					s Acquired (A) or of (D) (Instr. 3, 4 a		and 5) Se Be Ov		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(111511.4)
Ordinary Shares 09/08/20						15		S ⁽¹⁾		2,040	D	\$162.	52.86 ⁽²⁾		94,815	D			
Ordinary Shares 09/08/20)15		S ⁽¹⁾		460	D	\$164.	64.01 ⁽³⁾		94,355	D			
		Та	ble II -								osed of, convertib				ned				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Dat irity or Exercise (Month/Day/Year) if any			on Date,	4. Transaction Code (Instr. 8)				6. Date Expirat (Month	tion Da			t of ies /ing ive	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person. The number of shares reported as being sold in this transaction represents the reporting person's pecuniary interest in the total shares sold in this transaction.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$162.61 to \$163.23, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of reported shares sold at each separate price within
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$163.99 to \$164.04, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of reported shares sold at each separate price within the range set forth herein.

Remarks:

/s/ Larissa Schwartz as attorney 09/08/2015 in fact for Bruce C. Cozadd

** 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.