FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	ES IN BEN	IEFICIAL (DWNERSHIP

OMB APPRO	JVAL
OMB Number:	3235-0287
Estimated average burd	en
hours per response:	0.5

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* COZADD BRUCE C						2. Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)															
COZA	שאם עט	<u>CE C</u>												X	Directo	or		10% O	wner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								below) below				Other (: below)	specify		
5TH FL, WATERLOO EXCHANGE					10/	10/04/2021									Chairman & CEO						
WATERLOO RD					\perp																
					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) DUBLIN	14 L2)											"	X	Form f	led by One	Repo	orting Perso	n		
	14 L2													Form filed by More than One Reporting							
(City)	(Si	tate) ((Zip)												Persor	1					
		Tabl	le I - N	lon-Deriv	ative	Sec	uriti	es Ad	cquire	d, D	isposed c	f, or B	enefici	ally	Owned	i					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution Date,		Date,	3. Transaction Code (Instr. 8)		Acquired f (D) (Instr	I (A) or . 3, 4 and !	nd 5) Securiti Benefic Owned		es Fo ially (D Following (I)		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Report Transa (Instr. 3		ction(s)			(Instr. 4)			
Ordinary Shares 10/04/202					021	21		M		9,700	A	\$46.8	3	318	3,990		D				
Ordinary Shares 10/04/202			021	1 s ⁽¹⁾ 6,598 D \$129.8731 312,392		2,392		D													
		Т	able I								posed of, converti				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ion Date,		nsaction consists in the constant of the const		umber vative urities uired or oosed O) tr. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: y Direct (D or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares								
Non- Qualified Stock Option	\$46.83	10/04/2021			M ⁽²⁾			9,700	(3)		08/08/2022	Ordinary Shares	9,700		\$0.0	96,932	2	D			

Explanation of Responses:

buy)

- $1. \ Shares \ sold \ to \ pay \ option \ price \ and \ to \ satisfy \ tax \ obligations \ arising \ from \ the \ exercise \ of \ stock \ options.$
- $2. \ This \ transaction \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ Reporting \ Person.$
- 3. This Non-qualified stock option is part of an option granted on August 9, 2012. The ordinary shares subject to this option vested over 4 years from the grant date with 1/4th vesting on the first anniversary of the grant date and the remainder vesting in 36 equal monthly installments thereafter and were fully vested as of August 9, 2016.

By: /s/Paz Dizon, as attorney 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.