FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | ., | |
|------------|-----|------|----|------|
| Washington | DC2 | 0549 | | |

OMB APPROVAL 3235-0287 Estimated average burden

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* GALA RENEE D | | | | | uer Name and Tick Z Pharmaceut | | | | | ationship of Reportir all applicable) Director Officer (give title | 10% C | Owner (specify | | |
|--|--|--|--|---|--|-----------|--|--------------|-------------|---|---|---|---|--|
| (Last) (First) (Middle) 5TH FL, WATERLOO EXCHANGE WATERLOO RD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/05/2024 | | | | | | | President & COO | |) | |
| (Street) DUBLIN 4 L2 (City) (State) (Zip) | | | | | Amendment, Date o | of Origin | al File | d (Month/Day | 6. Indiv | <u>·</u> | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | Instr. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | :. 3, 4 and | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Code

 $F^{(1)}$

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ise (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|----------------------|---|---|------|---|-----|--|---------------------|---|-------|---|--|--|--|
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

Ordinary Shares

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

12/05/2024

2. The Reporting Person acquired 167 ordinary shares on May 31, 2024 and 48 ordinary shares on November 29, 2024 under a Section 423 Employee Stock Purchase Plan.

By: /s/Adam Guttmann, as 12/09/2024 attorney in fact For: Renee D Gala

** Signature of Reporting Person

(A) or (D)

D

Amount

Price

\$123.45

(Instr. 3 and 4)

55,492(2)

D

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.