FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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* <u>Treacy Paul</u>						2. Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ]								(Check	tionship of Reporting all applicable) Director Officer (give title		10% (ssuer Owner (specify
	ast) (First) (Middle) TH FL, WATERLOO EXCHANGE						3. Date of Earliest Transaction (Month/Day/Year) 08/12/2019							X	belo	w) ``	below cal Operation)`
WATERLOO RD (Street) DUBLIN 4 L2 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(=-5)				Non-Deriv	/ative	Sec	uritie	s Ac	auire	ed. D	isposed o	f. or E	Senefic	ially (Own	ed		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				on	2A. Deemed Execution Date,		ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or		d (A) or	d 5) 5. Ai Secu		ount of rities ficially ed 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		Trans	action(s) 3 and 4)		(11150.4)
Ordinary Shares 08/12/201					019	19			S		4,371	D	\$137.4	403(1) 1		6,418 ⁽²⁾	D	
Ordinary Shares																106	I	by Trust ⁽³⁾
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	titve Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) 8			4. Transa Code (8)	(Instr.	5. Nu of Deriv Secu Acqu (A) oi Dispo of (D) (Instr and 5	rative rities ired r osed) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		nt er		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)	

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$137.4015 to \$137.4322, 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 shares sold at each separate price within the range set forth herein.
- 2. Includes 140 ordinary shares acquired under a Section 423 Employee Stock Purchase Plan on May 31, 2019.
- 3. Represents ordinary shares purchased by Irish Pensions Trust Limited, as trustee for and on behalf of the Reporting Person, as sole beneficiary, pursuant to an Irish Revenue approved profit share scheme on March 15, 2019 in a transaction exempt under Rule 16b-3(c).

By: /s/Peter A Christou, as attorney in fact For: Paul

08/14/2019

** 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.