FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

37 Estimated average burden 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(h)

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*				2. Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>COZADD BRUCE C</u>				Jazz Filarmaceuticais pic [JAZZ]								- 1	X	Direc	tor	10	% Owner				
(Last) (First) (Middle)					2.0										X Officer (give title below)			Other (specify below)			
C/O JAZZ PHARMACEUTICALS PLC					3. Date of Earliest Transaction (Month/Day/Year) 10/08/2013									Chairman and CEO							
CONNAUGHT HOUSE, 1 BURLINGTON RD, F			D, FL.																		
				4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)																X Form filed by One Reporting Person					
DUBLIN 4 L2																Form filed by More than One Reporting Person					
(City)																					
		Tabl	e I - Non	-Deriva	ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, oı	r Ben	efici	ally C	Owne	ed				
Date				ay/Year) Ex		xecution Date, any		Transaction Dispo		Disposed	ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secur Benef Owne		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership			
									Code	v	Amount			Price		Transaction(s) (Instr. 3 and 4)			(instr. 4)		
Ordinary Shares		10/08/	/08/2013)13		S ⁽¹⁾		4,000	D \$88		6.58 625,647		D							
		(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction (D) (D) (Instr. 3, 4 and 4) 3. Transaction (Month/Day/Year) 3. Transaction Date (e.g., puts, calls, warrants, options, convertible securities) 3. Transaction Date (month/Day/Year) 3. Transaction (month/Day/Year) 3. Transaction Date (month/Day/Year) 3. Number of Date (month/Day/Year)																			
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date ity or Exercise (Month/Day/Year) if any			Date,	Transaction Code (Instr.		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		Expiration Date			Amount of Securities Underlying Derivative Security (Instr.			Derivativ Security (Instr. 5)		derivative Securities Beneficially Owned Following Reported Transaction	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	hip of Indirect Beneficial Ownership ect (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of									

Explanation of Responses:

 $1. \ The transaction \ reported \ on \ this \ Form \ 4 \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ Reporting \ Person.$

Remarks:

/s/ Larissa Schwartz as attorney 10/10/2013 in fact for Bruce Cozadd

** 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.