SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	JVAL
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			or Section 30(h) of the Investment Company Act of 1940						
1. Name and Address of Reporting Person <sup>*</sup> COZADD BRUCE C		Person*	2. Issuer Name <b>and</b> Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
COLADD	DRUCE C			X	Director	10% Owner			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	— x	Officer (give title below)	Other (specify below)			
(Last) (First) (Middle) C/O JAZZ PHARMACEUTICALS PLC		( <i>'</i> ,	01/30/2012		Chairman and CEO				
45 FITZWIL	LIAM SQUARE								
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fil	ing (Check Applicable			
DUBLIN 2	L2			X	Form filed by One Re				
P			—		Form filed by More th Person	nan One Reporting			
(City)	(State)	(Zip)							

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		(11311.4)
Ordinary Shares	01/30/2012		<b>J</b> <sup>(1)(2)</sup>		255	Α	(1)(2)	547,066	D	

### 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	Expiration Date (Month/Day/Year)		Expiration Date An (Month/Day/Year) Se Un De Se			Expiration Date Amount of			nt of ties ying tive ty (Instr. 3	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:

1. Pro rata distribution for no consideration from Versant Affiliates Fund II-A, L.P. (the "Partnership"), of which the Reporting Person is a limited partner with no voting or investment control of the Partnership or its general partner.

2. The ordinary shares of the Issuer being distributed by the Partnership were received by the Partnership on January 18, 2012 in connection with the closing of the merger pursuant to the Agreement and Plan of Merger and Reorganization by and among the Issuer Jaguar Merger Sub Inc., Jazz Pharmaceuticals, Inc. and Seamus Mulligan, solely in his capacity as indemnitors' representative, and were acquired in exchange for shares of common stock of Jazz Pharmaceuticals, Inc. which were owned by the Partnership since April 30, 2003, August 29, 2003 and January 14, 2004.

#### **Remarks:**



\*\* Signature of Reporting Person

02/01/2012

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.