FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | |
|--------------|---------|--|--|--|--|--|
| OMP Number: | 2225 02 | | | | | |

287 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(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

| 1. Name and Address of Reporting Person* MILLER MICHAEL PATRICK (Last) (First) (Middle) 5TH FL, WATERLOO EXCHANGE | | Jazz 3. Dat | Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ] Date of Earliest Transaction (Month/Day/Year) 03/05/2019 | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) EVP, US Commercial | | | Owner (specify | | |
|---|--------------------------|-----------------------------------|--|---|---------------------------------|--|----------------|----------------------|---|--------------------|--|--|--------------|---|--|--|
| (Street) DUBLIN 4 L2 (City) (State) (Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - No | n-Deriva | ative S | Secu | ıritie | s Acq | uired, | Dis | posed o | f, or I | 3ene | ficiall | y Owne | ed | | | |
| 1. Title of Security (Instr. 3) | Date (Month/Day/Year) if | | Exe if ar | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | es Acqı Of (D) (I | iired (<i>A</i> nstr. 3 | A) or , 4 and ! | Securi Benefi | cially d Following | Form: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | Amount | ount (A) or Pr | | Price | Transa | action(s) 3 and 4) | (1113411 4) | | | | |
| Ordinary Shares | 03/05/ | 05/2019 | | | | F ⁽¹⁾ | | 833 | I |) \$ | \$135.8 | 31,670 | | D | | |
| Ordinary Shares | 03/05/ | 3/05/2019 | | | | F ⁽¹⁾ | | 648 | 48 D | | \$135.8 | 5.82 31,022 | | 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) (Month/Day/Year) if any (Month/Day/Year) | | Transaction Code (Instr. 8) | | 5. Nui of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5 | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | Price of erivative ecurity nstr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Explanation of Doctories: | | Code \ | , | (A) | | Date Exercisa | | Expiration Date | Title | Num of Shar | | | | | | |

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

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

03/07/2019

Patrick Miller

** 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.