FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Hooper Suzanne Sawochka						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)  Director 10% Owner				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/14/2018										er (give title		r (specify	
5TH FL, WATERLOO EXCHANGE															E	EVP & Gen	eral Counse		
WATERLOO RD						If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable				
		3 (								Line)									
(Street)															X Form filed by One Reporting Person				
DUBLIN 4 L2															Form filed by More than One Reporting Person				
(City)	(St	rate) (	Zip)																
		Tab	le I - I	Non-Deriv	/ative	Sec	urit	ies Ac	quired,	Dis	posed	of, or	Benef	icial	lly Owne	ed			
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y					1	Execution Date,			Transaction Dispose Code (Instr. 5)			rities Acquired (A ed Of (D) (Instr. 3,			nd Secur Benef Owne	icially d	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pr	ice			(Instr. 4)	(Instr. 4)	
Ordinary Shares 12/14/20						18			M		3,295 A		\$	46.8	83 44,518(1)		D		
Ordinary Shares 12/14/20					018	)18			<b>S</b> <sup>(2)</sup>		3,29	3,295 D \$1		140.2	41,223		D		
Ordinary Shares 12/14/20					018	018		S <sup>(2)</sup>		39	I	\$	40.21		1,184	D			
		Ta	able II	l - Deriva					uired, Di , option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transaction Code (Instr 8)		on of		6. Date Exercisa Expiration Date (Month/Day/Yea		е	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 (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	le V (A)		(D)	Date Exercisabl		opiration	Title	Amo or Num of Shar	ber					
Non- Qualified Stock Option (right to buy)	\$46.83	12/14/2018			M <sup>(2)</sup>			3,295	(3)	0	8/08/2022	Ordinary Shares	3,29	95	\$0.0	35,337	D		

## Explanation of Responses:

- 1. Includes 173 ordinary shares acquired on May 31, 2018 and 72 shares acquired on November 30, 2018 under a Section 423 Employee Stock Purchase Plan.
- 2. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- 3. This non-qualified stock option is part of an option award granted on August 9, 2012. The ordinary shares subject to the option award vested over 4 years from the vesting commencement date of August 9, 2012, with 1/4th vesting on the first anniversary of the vesting commencement date and the remainder vesting in 36 equal monthly installments thereafter and were fully vested as of August 9, 2016.

By: /s/Peter A Christou, as attorney in fact For: Suzanne 12/14/2018
Sawochka Hooper

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.