FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| | ion 1(b). | | | File | | | | | | | ies Exchan | | | 34 | | liouis | per response. | 0.5 |
|---|---|--------|----------|--------------------------|---|---|---|--|------------------|--|---------------------|--|---|---|---|---|---|--|
| 1. Name and Address of Reporting Person* <u>Hooper Suzanne Sawochka</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne Officer (give title Other (spec | | | Owner | |
| (Last) (First) (Middle) C/O JAZZ PHARMACEUTICALS PLC CONNAUGHT HOUSE, 1 BURLINGTON RD., FL. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/11/2015 | | | | | | | | X Officer (give title Other (specify below) EVP and General Counsel | | | | |
| 4 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) DUBLIN L2 4 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Acc | quired, | , Dis | posed o | f, o | r Ben | efici | ally Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | ecution any | Date, | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | id 5) Secui Bene | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount (A | | (A) or (D) | Price | Trans | action(s) 3 and 4) | | (111501.4) | | | |
| Ordinary Shares 08/11/2 | | | | | | 2015 | | | S ⁽¹⁾ | | 4,000 | 4,000 D | | \$177 | 7.82 | 37,855 | D | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Curity or Exercise (Month/Day/Year) if any | | | n Date, ay/Year) - | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instrant and 5 | rities ired r osed) : 3, 4 | | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) Amou or Numb of | | nstr. 3 nount mber | 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. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.

Remarks:

/s/ Larissa Schwartz as attorney in fact for Suzanne Sawochka 08/12/2015 **Hooper**

** 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.