FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | hurden | | | | | | | | |

0.5

hours per response:

| 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* Wissel Janne LT | | | | 2. Issuer Name and Ticker or Trading Symbol JAZZ PHARMACEUTICALS INC [JAZZ] | | | | | | | | eck all applic | cable) | Person(s) to Iss 10% O Other (| | wner | |
|---|---|--|--|--|---|--|------------|--|---|--------------------|--|--|------------------------|---|---|--|---------------------------------------|
| (Last) | , | rst) ACEUTICALS, | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2007 | | | | | | | | helow) | below) Senior VP of Dev | | | |
| 3180 PO | RTER DRI | VE | | 4.1 | If Ame | ndmer | nt, Date o | f Original | Filed | (Month/Da | ay/Year) | 6. 1 | ndividual or J | Joint/Group | Filing | (Check Apr | licable |
| (Street) PALO A | LTO C | A | 94304 | | | | | | J (| | | | | iled by More | by One Reporting Perso by More than One Repor | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | Persor | • | | | |
| | | Tab | le I - Non-D | Derivativ | e Se | curit | ies Acc | quired, | Dis | posed c | of, or Be | neficia | ly Owned | I , | | | |
| Date | | | . Transactior ate Month/Day/Yo | Execution Date, | | e, Transaction Dispose Code (Instr. 5) | | Dispose | rities Acquired (A) c ed Of (D) (Instr. 3, 4 | | Benefici Owned F | es Form ially (D) (Following (I) (I | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) o | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 06/06/ | | | 06/06/200 | 5/2007 | | С | | 66,26 | 64 A (1) | | 96,0 | 96,082(2) | | D | | | |
| | | ٦ | Table II - De (e. | erivative .g., puts, | | | | | | | | | Owned | | | | |
| 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/Yea | Code (| | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Series B Preferred Stock | (1) | 06/06/2007 | | С | | | 66,264 | (1) | | (1) | Common Stock | 66,264 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. The Issuer's Preferred Stock automatically converted into Common Stock on a one-for-one basis upon the closing of the Issuer's initial public offering and had no expiration date.
- 2. Includes 2,485 shares subject to the Issuer's unvested share repurchase right as of May 30, 2007.

/s/ Janne L.T. Wissel 06/06/2007

** 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.