FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF C | HANGES | IN B | ENEFIC | CIAL | OWNE | RSHIP |
|-----------|------|--------|------|--------|------|------|-------|
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OMB APPROVAL OMB Number: 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

| Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|---------|----------|--------------------------------|---|---|--------|--|------------------|--|---|---------|--|---|---|---|--|----------|--|--|
| COZADD BRUCE C | | | | | 1 5 612 | Juzz i harmaceaticais pie [JAZZ] | | | | | | | | 7 | X Director | | 10% (| Owner | | |
| (Last) | (Fii | rst) (I | Middle) | | 2.0 | O Date of Fadinat Transaction (1) 11 (5) (1) | | | | | | | | | Offic belo | er (give title w) | Other below | (specify | | |
| C/O JAZZ PHARMACEUTICALS PLC | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/13/2015 | | | | | | | | | Chairman and CEO | | | | | | |
| CONNAUGHT HOUSE, 1 BURLINGTON RD, FL. | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | <u> </u> | | | | | | | | | - | | | | | | |
| , | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. In | Individual or Joint/Group Filing (Check Applicable ne) | | | | | |
| (Street) | | | | | | | | | | | | | | | Forn | Form filed by One Reporting Person | | | | |
| DUBLIN 4 L2 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriva | ative | Sec | uritie | s Acc | quired | , Dis | posed o | f, or I | Ben | eficiall | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | |) Secur Benef Owne | icially d Following | Form: Direct Of Ir (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount (A) | | or | Price | Reported Transaction(s) (Instr. 3 and 4) | | | (iiisti. 4) | | | | |
| Ordinary Shares 01/13/2 | | | | 2015 | | S ⁽¹⁾ | | 5,000 | |) | \$161.7 | 3 5 | 54,131 | 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) | erivative Conversion Date Execution or Exercise (Month/Day/Year) if any | | Date, | Date, Transaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Di Se (II | Price of erivative ecurity nstr. 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) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber ıres | | | | | | |

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 01/15/2015 in fact for Bruce C. Cozadd

** 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.