FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

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).

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 Tobias Je | | 2. Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ] | | | | | | (Che | Relationship of Reporting Pers (Check all applicable) Director Officer (give title | | | son(s) to Issuer 10% Owner Other (specify | | | | | |
|---|---|--|--|--|--|-------|------------------|--|--|--|---|---|--|---|---------------------------------------|--|--|
| (Last) C/O JAZZ CONNAU | FL. 02/ | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2014 | | | | | | | | below) EVP, F | Research 8 | below & Dev and C | MO | | | | |
| (Street) DUBLIN 4 L2 | | | | | 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 | | | | |
| (City) | (Sta | , , | ip) | | | | | | | | | | | | | | |
| 1. Title of Se | Derivative Transaction te onth/Day/Yea | ction 2A. Deemed Execution Date, | | quired, Disposed of, or Benefi 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | I (A) or | 5. Amour Securitie Beneficia Owned F | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) | | | | |
| Ordinary S |)2/10/2014 | 2014 | | М | | 2,560 | A | \$46.83 | 3 47, | 337 | D | | | | | | |
| Ordinary Shares 02/10/2 | | | | | 2014 | | S ⁽¹⁾ | | 2,560 | D | \$152.8 | 3 44, | 777 | D | | | |
| | | Ta | able II - De (e.ç | erivative g., puts, | | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | se (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | Code | saction (Instr. | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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(s (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Nonstatutory Stock Option (right to buy) | \$46.83 | 02/10/2014 | | М | | | 2,560 | (2) | | 08/08/2022 | Ordinary Shares | 2,560 | \$0 | 37,702 | D | | |

Explanation of Responses:

- 1. The transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- 2. This nonstatutory stock option is part of an option granted on August 9, 2012 that consisted of the nonstatutory stock option exercisable for 61,460 ordinary shares and an incentive stock option exercisable for 8,540 ordinary shares and has a vesting schedule of one fourth vested on August 9, 2013 and the remainder vesting in 36 equal monthly installments thereafter.

Remarks:

/s/ Larissa Schwartz as attorney in fact for Jeffrey Tobias 02/12/2014

** 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.