FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	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

							. ,																
1. Name an		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)												
MILLER MICHAEL PATRICK						The state of the s										Direc	tor		10% O	wner			
							2 Date of Farlicet Transaction (Month/Day/Year)									Office belov	er (give title v)		Other ( below)	specify			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 04/15/2016											SVP, US O	Commer	cial				
CONNAUGHT HOUSE, 1 BURLINGTON RD, FL.						0-7/13/2010											. ,						
4																							
							4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)														"	Line)								
DUBLIN	4 L2				1										X	, , ,							
																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 Ber	eficia	ally	Owne	ed .						
1. Title of S	ecurity (Inst	r. 3)		2. Transa	ction	tion 2A. Deemed				3. 4. Securities Acquired (A)					or 5. Amount of		ount of	6. Ownership		7. Nature			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,		Date (Month/Da	/\/		xecution Date,				Disposed	ed Of (D) (Instr. 3, 4							orm: Direct	of Indirect Beneficial			
				(MOHUI)D	ayı reai			any onth/Day/Year)		Code (Instr. 8)									(D) or Indirect (I) (Instr. 4)	Ownership			
									Code V Amount			(A) or			Repor		ed ction(s)			(Instr. 4)			
										v	Amount	1	(A) or (D)	Price			3 and 4)						
Ordinary	2016	2016			s <sup>(1)</sup> 100			D	\$145.79		18,792		D										
		Ta	hle II -	Derivati	S	AC111	ritiae	Δεαιι	ired D	ien	osed of,	or P	Ranaf	iciall	, Ων	hanv							
		16									onvertib				y Ov	viicu							
1. Title of	2.	ned	4.	1.		5. Number		6. Date Exercisable and			7. Title and			ice of	e of 9. Number of			11. Nature					
Derivative	Conversion	3. Transaction Date (Month/Day/Year)	Execution	n Date,	Transaction Code (Instr. 8)		on of		Expiration Date (Month/Day/Year) Am			Amo	Amount of		Derivative		derivative	Owne	Ownership	of Indirect			
Security (Instr. 3)	or Exercise Price of		if any (Month/D									Sec   Und	.	Secu (Inst		Securities Beneficially		Form: Direct (D)	Beneficial Ownership				
(111311. 3)	Derivative		(MOIILIAD	ay/rear)	0,	,		Acquired							(msu. s)		Owned	or Inc		(Instr. 4)			
	Security						(A) or Disposed						Security (Instr.				Following Reported	(I) (In					
							of (D)		and 4)				<del>+</del> )				Transaction	(s)					
					(Instr. 3, 4 and 5)									(Instr. 4)									
				F			and 5	,				_											
													An or	nount									
													Nu	mber									
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	of Sh	ares									
							1 ' '					1	1 1							1			

## **Explanation of Responses:**

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

By: /s/ Valerie Pierce as attorney in fact For: Russell

Cox

\*\* Signature of Reporting Person Date

04/18/2016

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.