FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

KI I	IIE2	AND	EXCHANGE	COMMISSIO

OMB APPROVAL

OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction 1	0.																		
1. Name and Address of Reporting Person* COZADD BRUCE C						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	Director			10% Ov	ner	
													1	Officer (give title			Other (s	pecify		
(Last)	(Fir	,	/liddle)		3. Date of Earliest Transaction (Month/Day/Year)							below) below) Chairman & CEO								
5TH FL, WATERLOO EXCHANGE						11/01/2024								Chairman & CEO						
WATERLOO RD																				
					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Street)														Line)						
DUBLIN	I 4 L2													1	Form filed by One Reporting Person					
															Form filed by More than One Reporting					
(City)	(Sta	ate) (Z	<u>Z</u> ip)			Person														
(- 3)																				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or E	Benef	icially	Own	ed				
1. Title of S	Security (Inst	r. 3)		2. Transact					3. 4. Securities Acquired (A)									7. Nature		
				Date (Month/Day	v/Year)	Execution Date, /Year) if any			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			str. 3, 4	4 and Securiti Benefic					of Indirect Beneficial		
(montangay)					(Month/Day/Year)			8)					Following	(l) (Instr		Ownership (Instr. 4)				
									Code	v	Amount	(A) o	(A) or Price		Transaction(s) (Instr. 3 and 4)					
												(D)	_		(instr	and 4)				
Ordinary Shares 11/01/20						2024			S ⁽¹⁾		1,000 D \$		\$1	10.84	4 428,976 ⁽²⁾		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		· ·	J.O								convertib					•				
1. Title of 2. 3. Transaction 3A. Deemed						4. 5. Numbe				1					Price of	9. Number of 10.		11. Nature		
Derivative	Conversion	Date	Execution Date,		Transa		on of		Expiration Date			Amount of		Dei	rivative	derivative	Ow	Ownership Form:	of Indirect Beneficial	
Security or Exercise (Month/Day/Year) if any (Month/I			/Day/Year)	Code (8)	Code (Instr. 8)		Derivative Securities Acquired (A) or		(Month/Day/Year) Securities Underlying Derivative Security (Ins			rlying		curity str. 5)			ect (D)	Ownership		
	Derivative Security													,, ` · ·		Owned Following		or Indirect (II	(Instr. 4)	
						Disposed				3 and 4)						Reported		,		
					of (D) (Instr. 3, 4								Transaction (Instr. 4)	n(s)						
							and 5)									,				
													Amou	nt						
	Code V									or Numb	er									
			l _v				Date Expiration		of Title Share											
		Loue		L (~)	L(B)	LAGICIS	Jabie	Late	11110	Jilare										

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- 2. Includes 167 ordinary shares acquired on May 31, 2024 under a Section 423 Employee Stock Purchase Plan.

By: /s/Paz Dizon, as attorney in fact For: Bruce C Cozadd

11/05/2024

Date

** Signature of Reporting Person

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.