FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	IVAL				
	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 and Address of Reporting Person* Hooper Suzanne Sawochka (Last) (First) (Middle) CONNAUGHT HOUSE, 1 BURLINGTON RD, FL.					3. C	Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ] Date of Earliest Transaction (Month/Day/Year) 06/09/2015										all appli Directo Officer below)	or 10 (give title O		10% Ov Other (s below)	.0% Owner Other (specify pelow)	
(Street) DUBLIN 4 L2 (City) (State) (Zip)					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indiv Line) X										ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	<i>r</i> ative	Sec	uriti	ies Ad	qui	ired, D	is	posed c	of, or Be	nefici	ially	Owned	ŀ				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date				Execution Date,		TI C	Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Securiti Benefic Owned		es Fo ially (D Following (I)		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership				
									С	Code V		Amount	(A) or Prid		,	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Ordinary Shares 06/09/2						2015			M		4,000	A	\$46	46.83 50,		,420(1)		D			
Ordinary Shares 06/09/2					/2015	2015			9	S ⁽²⁾		4,000	D	\$17	3.16 46		6,420		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transaction Code (Instr 8)				Exp	Oate Exer biration D onth/Day/	ate		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e ercisable		xpiration ate	Title	Amour or Number of Shares	er						
Non- Qualified Stock Option (right to	\$46.83	06/09/2015			М			4,000		(3)	0	8/08/2022	Ordinary Shares	4,000	0	\$0.0	42,632	2	D		

Explanation of Responses:

- $1.\ Includes\ 123\ ordinary\ shares\ acquired\ under\ a\ Section\ 423\ Employee\ Stock\ Purchase\ Plan\ on\ May\ 29,\ 2015.$
- 2. The transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- 3. As of the date of this report, the remaining ordinary shares subject to this option are vested with respect to 25,417 shares and will vest with respect to 7,683 shares in equal monthly installments from July 9, 2015 to December 9, 2015 and with respect to 9,532 shares in equal monthly installments from January 9, 2016 to August 9, 2016.

By: /s/ Larissa Schwartz as attorney in fact For: Suzanne

06/11/2015

Sawochka Hooper

** 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.