FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
OMB Number:	3235-0287							
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* WILSON KAREN J						2. Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ]								hip of Reportir pplicable) ector ficer (give title	10% (
(Last) (First) (Middle) CONNAUGHT HOUSE, 1 BURLINGTON RD, FL. 4						3. Date of Earliest Transaction (Month/Day/Year) 04/25/2016								X Officer (give title Officer (specify below) SVP, Finance & PAO				
(Street) DUBLIN 4 L2 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Transac							ned n Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A)			(A) or	5. A Sec Ben Owr	mount of urities eficially led Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
					Code	v	Amount	(A (I	A) or O)	Price	Tran	saction(s)		(Instr. 4)				
Ordinary Shares 04/25/								S ⁽¹⁾		604		D	\$16	60	18,059	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
vative Conversion Date Execution or Exercise (Month/Day/Year) if any			Date, Transaction Code (Ins					Expiration Date (Month/Day/Year)			Amount		ount		derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	4 L2 (Statement of the control of th	JGHT HOUSE, 1 BURLIN 4 L2 (State) (3 Table Courity (Instr. 3) Conversion of Exercise Price of Derivative (Month/Day/Year)	JGHT HOUSE, 1 BURLINGTON R 4 L2 (State) (Zip) Table I - Norecurity (Instr. 3) Shares Table II - L ((State) (Zip) Table II - L ((Month/Day/Year) (Month/Day/Year)	Shares 2. Table II - Derivat (e.g., ptice of Price of Price of Price of Price of Derivative 2. Transaction Date (Month/Day/Year) Share (Month/Day/Year)	JGHT HOUSE, 1 BURLINGTON RD, FL. 4 L2 (State) (Zip) Table I - Non-Derivative ecurity (Instr. 3) 2. Transaction Date (Month/Day/Yea Conversion or Exercise Price of Price	JGHT HOUSE, 1 BURLINGTON RD, FL. 4 L2 (State) (Zip) Table I - Non-Derivative Se ecurity (Instr. 3) 2. Transaction Date (Month/Day/Year) Table II - Derivative Security 2. Transaction Date (Month/Day/Year) 3. Transaction Date (e.g., puts, calls) 2. Transaction Date (fi any (Month/Day/Year)) 3. Transaction Date (Month/Day/Year) 3. 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Transaction Date (month/Day/Year) (Month/Day/Year) Amount of Derivative Security (Instr. 3, 4 and 5) Amount of Number of Date (Month/Day/Year) Date (Month/Day/Year) Amount of Number of Nu	Od/25/2016 Od/	Odd Odd	

Explanation of Responses:

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

By: /s/ Karen Eberle as attorney in fact For: Karen J 04/27/2016 Wilson

** 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.