## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  Schnee Elmar						2. Issuer Name <b>and</b> Ticker or Trading Symbol Jazz Pharmaceuticals plc [ JAZZ ]									ionship all appli Directo	cable)			
(Last) (First) (Middle) 5TH FL, WATERLOO EXCHANGE						3. Date of Earliest Transaction (Month/Day/Year) 08/10/2017									Officer below)	(give title		Other (s below)	pecify
(Street) DUBLIN	- 4. II	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								
(City)	(Si		(Zip)												-				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/				tion	on 2A. Deemed Execution Date,		te,	3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amou Securiti Benefic		int of es ially Following	6. Own Form: (D) or I (I) (Inst	Direct Condinent Condinect	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3		tion(s)		,	(Instr. 4)	
Ordinary Shares			08/10/2	2017				A <sup>(1)</sup>		1,365(1)	A	\$0.0	J 6,		.540		D		
Ordinary Shares			08/11/2	2017				<b>S</b> <sup>(2)</sup>		1,194	D	\$142.3	36 5,		346	I	D		
Ordinary Shares 08			08/11/2	2017				<b>S</b> <sup>(2)</sup>		3	D	\$144.19	197 5,		,343		D		
Ordinary Shares 08/11/2			2017	)17		<b>S</b> <sup>(2)</sup>		2	D	\$144.1307		5,341		I	D				
		Т	able I								posed of, , converti			y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year		4. Transa Code ( 8)				6. Date Exerc Expiration Da (Month/Day/\)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$143.66	08/10/2017			A <sup>(3)</sup>		3,415		(3	)	08/09/2027	Ordinary Shares	3,415		\$0.0	3,415		D	

## **Explanation of Responses:**

- 1. These restricted stock units are granted pursuant to the Issuer's 2007 Non-Employee Directors Stock Award Plan. Each restricted stock unit represents a contingent right to receive one ordinary share upon the vesting of the unit. Subject to the Reporting Person's continuous service and certain additional conditions, these units will vest in full on August 3, 2018.
- 2. Shares sold to satisfy tax obligations arising out of the vesting of previously granted restricted stock units.
- 3. These options are granted pursuant to the Issuer's 2007 Non-Employee Directors Stock Award Plan. Subject to the Reporting Person's continuous service and certain additional conditions, these options will vest in 12 equal monthly installments beginning on September 1, 2017.

By: /s/Peter A Christou, as attorney in fact For: Elmar

08/14/2017

\*\* 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.