FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATE
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

EMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number	3235-0287								
Estimated ave	rage burden								
hours per resp	oonse: 0.5								

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														neck all app Direc	ationship of Reportii k all applicable) Director Officer (give title		ng Person(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) CONNAUGHT HOUSE, 1 BURLINGTON RD, FL. 4				3. Date of Earliest Transaction (Month/Day/Year) 03/02/2017									X Officer (give title Streetly below) SVP, Finance & PAO						
(Street) DUBLIN 4 L2 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Lin	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(5.5)				-Deriv	ative	Se	curitie	s Ac	auired.	Disi	oosed o	of. or	Ben	eficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transa Date			action 2 Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Yeal		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			d (A) or	5. Amo Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)		Report Transa (Instr. 3	ction(s)		[(Instr. 4)
Ordinary Shares 03/02				2/2017	/2017		A ⁽¹⁾		3,50	3,500 A		\$0.	0 19	19,325		D			
		Т							uired, E s, optio						y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	1. Fransaction Code (Instr. 3)				6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Seci (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	1	Amount or Number of Shares					
Incentive Stock Option (right to buy)	\$136.18	03/02/2017			A		969		(2)	03	3/01/2027	Ordin Shar		969	\$0.0	969		D	
Non- Qualified Stock Option	\$136.18	03/02/2017			A		7,781		(2)	03	3/01/2027	Ordin Shar		7,781	\$0.0	7,781	1	D	

Explanation of Responses:

buy)

- 1. These restricted stock units are granted pursuant to the Issuer's 2011 Equity Incentive Plan. Each restricted stock unit represents a contingent right to receive one ordinary share upon the vesting of the unit. These units vest in equal annual installments over four years measured from the vesting commencement date of March 5, 2017, with 1/4th vesting on the first anniversary of the vesting commencement date and the remainder vesting in equal annual installments over the subsequent three years.
- 2. These options are granted pursuant to the Issuer's 2011 Equity Incentive Plan. The ordinary shares subject to these options vest over four years measured from the grant date, March 2, 2017, with 1/4th vesting on the first anniversary of the grant date and the remainder vesting in 36 equal monthly installments thereafter.

By: /s/Peter A Christou, as attorney in fact For: Karen J.

03/06/2017

Wilson

** 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.