Edgar Filing: Jazz Pharmaceuticals plc - Form 4

Jazz Pharma Form 4	ceuticals plc										
April 10, 20	14										
FORM							OMB APPROVAL				
	Washington, D.C. 20549					OMB Number:	3235-0287				
Check th if no long subject to Section 1 Form 4 c	ger STATEN 16.	 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1040 							Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligatio may com <i>See</i> Instr 1(b).	tinue. Section 170								1		
(Print or Type]	Responses)										
COZADD BRUCE C Symbol			Symbol	r Name and armaceut				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)		f Earliest Ti	•	-	-	(Check	k all applicable)	
C/O JAZZ I PLC, CONI	PHARMACEUT NAUGHT HOUS FON RD, FL. 4	ICALS		Day/Year)				_X_ Director _X_ Officer (give below) Chair		Owner r (specify	
			ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
DUBLIN 4,	, L2							Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	(A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Ordinary Shares	04/08/2014			S <u>(1)</u>	5,000	D	\$ 123.18	611,810	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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. 3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if any Price of (Month/Day/Year) Derivative Security		4. Transactic Code (Instr. 8)	5. 6. Date Exerci ionNumber Expiration Da of (Month/Day/Y Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	and 7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
	Reporting Owner Name / Address			Relationships							
COZADE	DD PDUCE C			Director	10% Ow	vner Office	r		Other		
C/O JAZZ CONNAU	COZADD BRUCE C C/O JAZZ PHARMACEUTICALS PLC CONNAUGHT HOUSE, 1 BURLINGTON RD, FL. 4 DUBLIN 4, L2			Х	X Chairman and CEO						
Signa	tures										
/s/ Lariss Cozadd	a Schwartz	as attorney in fact	for Bruce	04	/10/2014						

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Date

Explanation of Responses:

**Signature of Reporting Person

* 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).

(1) The transaction reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.