## Edgar Filing: Jazz Pharmaceuticals plc - Form 4

Jazz Pharma Form 4	ceuticals plc										
August 13, 2	2014										
FORM	14								OMB AF	PROVAL	
Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 c Form 5 obligatio	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Section 16(a) of the Securities Exchange Act of 1934,						Expires: January 31 2009 Estimated average burden hours per response 0.9				
may con See Instr 1(b).	tinue. Section 17(	· ·		tility Hold	U	-	•	1935 or Section 0	1		
(Print or Type ]	Responses)										
C = D = 11 I			Symbol	er Name <b>and</b>				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)			armaceuti	•	[JAZ	Z]	(Check	c all applicable	)	
PLC, CON	(First) (1 PHARMACEUTI NAUGHT HOUS FON RD, FL. 4			of Earliest Ti Day/Year) 2014	ansaction			Director Officer (give below) EVP & Chi			
(Street) 4. I				endment, Da nth/Day/Year	-	ıl		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN 4,	, L2							Form filed by M Form filed by M			
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative	Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	sposed	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	08/11/2014			F <u>(1)</u>	4,473	D	\$ 133.86	60,059	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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Repo	Reporting Owners												
Reporting Owner Name / Address				Relationships									
	Reporting	Owner Name / Addi	ress			Relati	ionships						
		Owner Name / Addı		Director	10% Owne		ionships			Other			
	ell J. Z PHARMA JGHT HOU	Owner Name / Adda ACEUTICALS PL JSE, 1 BURLING	C	Director	10% Owne	er Officer	ionships Chief Op	erating	9	Other			
C/O JAZZ CONNAU 4	ell J. Z PHARMA JGHT HOU 4, L2	ACEUTICALS PL	C	Director	10% Owne	er Officer EVP &	-	erating	g	Other			
C/O JAZZ CONNAU 4 DUBLIN Signa	ell J. Z PHARMA JGHT HOU 4, L2 <b>tures</b> a Schwartz	ACEUTICALS PL	.C TON RD, FL.		10% Owne 13/2014	er Officer EVP &	-	erating	g	Other			
C/O JAZZ CONNAU 4 DUBLIN <b>Signa</b> /s/ Lariss	ell J. Z PHARMA JGHT HOU 4, L2 <b>tures</b> a Schwartz ox	ACEUTICALS PL JSE, 1 BURLING	.C TON RD, FL.	08/		er Officer EVP &	-	erating	g	Other			
C/O JAZZ CONNAU 4 DUBLIN <b>Signa</b> /s/ Lariss Russell C	ell J. Z PHARMA JGHT HOU 4, L2 <b>tures</b> a Schwartz ox <u>**</u> Signature	ACEUTICALS PL JSE, 1 BURLING as attorney in fact	C TON RD, FL.	08/	13/2014	er Officer EVP &	-	erating	g	Other			

## Edgar Filing: Jazz Pharmaceuticals plc - Form 4

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Shares withheld to satisfy tax obligations arising out of vesting of a portion of previously granted restricted stock units.

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.