THERO JOHN F Form 4/A December 04, 2017

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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

Form 5 obligations may continue. See Instruction

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 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and A	Address of Repor	ting Person *	2. Issuer Name Symbol	and Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	AMARIN CC 3. Date of Earlier	ORP PLC\UK [AMRN] st Transaction	(Cł	neck all applicable)		
C/O AMARIN PHARMA, INC., 1430 ROUTE 206			(Month/Day/Yea 11/30/2017	r)	_X_ Director 10% Owner _X_ Officer (give title Other (specify below) President and CEO			
	(Street)		4. If Amendment Filed(Month/Day/ 12/04/2017	, ,	Applicable Line)	· Joint/Group Filing(Check		
BEDMINSTER, NJ 07921			12/04/2017		Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - No	on-Derivative Securities Acc	quired, Disposed	of, or Beneficially Owned		
1.Title of	2. Transaction	Date 2A. Dec	emed 3.	4. Securities	5. Amount of	6. Ownership 7. Nature		

(City)	(State)	Table Table	e I - Non-D	erivative Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction	4. Securities on Acquired (A) or Disposed of (D)	5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5) (A) or Amount (D) Price	Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Ordinary Shares (1)				. ,	1,135,003 (2)	D	

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting o where runner, radiatess	Director	10% Owner	Officer	Other			
THERO JOHN F C/O AMARIN PHARMA, INC. 1430 ROUTE 206 BEDMINSTER, NJ 07921	X		President and CEO				

Signatures

/s/ John F. Thero 12/04/2017 **Signature of Date Reporting Person

Explanation of Responses:

- 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 Ordinary Shares may be represented by American Depositary Shares, each of which represents one Ordinary Share.
- **(2)** Please see the section titled "Remarks" below for additional information.

Remarks:

This Form 4/A is being filed to correct a footnote to the previous Form 4 filing which was filed on 12/4/2017.

There has been no change to Table 1.

The prior Form 4 (filed on 12/4/2017) indicated in footnote #2 that the shares were "sold". The correction is that the shares we

As of the date of this Form 4, the Reporting Person owns or holds the right to acquire an aggregate of 9,587,844 Ordinary Sha 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.

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