Edgar Filing: COZADD BRUCE C - Form 4

COZADD E	BRUCE C											
Form 4												
December 0	6, 2018											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	APPROVAL			
	••• UNITED	STATES					NGE C	OMMISSION	OMB Number:	3235-0287		
Check th	nis box		Wa	shington	hington, D.C. 20549					January 31,		
if no lon	NGES IN BENEFICIAL OWNERSHIP OF SECURITIES				NEDSHID OF	Expires:	2005					
subject to					Estimated average							
Section Form 4 of		SECONIIES						burden hour response	•			
Form 5	Filed pu	rsuant to S	Section 1	6(a) of th	e Securi	ties E	Exchange	e Act of 1934,	100001100	0.0		
obligatio may con	ons Section 17						•	1935 or Section	ı			
See Instr		30(h)	of the Ir	vestment	Compar	ny Ac	ct of 194	0				
1(b).												
	D											
(Print or Type	Responses)											
1 Name and a	Address of Reporting	Person *	2 Lagua	n Nama and	I Tielsen er	Tradi		5. Relationship of	Reporting Pers	on(s) to		
COZADD		, i cison _	2. Issue Symbol	er Name and Ticker or Trading				Issuer	Reporting Pers	011(3) 10		
Jazz Pharmaceuticals plc [J						[JA7	\mathbf{Z}					
(Last)	(First) ((Middle)		f Earliest T	•	[0112]	(Check	k all applicable)		
(Last)	(1130)	(winduic)		Day/Year)	ansaction			X Director	10%	Owner		
5TH FL, WATERLOO 12/03/2				-				X Officer (give title Other (specify				
EXCHANGE, WATERLOO RD below) below) Chairman & CEO												
(Street) 4. If Ame			endment, Date Original									
			nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)					
				hill Day I car)				_X_ Form filed by One Reporting Person				
DUBLIN 4	, L2							Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)				~						
		-		le I - Non-I	Derivative	Secu	rities Acq	uired, Disposed of,	, or Beneficial	-		
1.Title of	2. Transaction Date (Month/Day/Year)			3. Transactio	4. Securi			5. Amount of	6. Ovymanskin	7. Nature of		
Security (Instr. 3)	Execution any	i Date, II	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Ownership Form: Direct	Indirect Beneficial			
(Month/Day/Year)			(Instr. 8)			Owned	(D) or	Ownership				
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)	(1130. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Ordinary	10/02/2010						\$	0	D			
Shares	12/03/2018			S <u>(1)</u>	1,000	D	151.78	277,688 <u>(2)</u>	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)

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (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	Unde Secur	unt of rlying	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						
	Director	Director 10% Owner		Other			
COZADD BRUCE C 5TH FL, WATERLOO EXCHANGE WATERLOO RD DUBLIN 4, L2	Х		Chairman & CEO				
Signatures							
By: /s/Peter A Christou, as attorney in f Cozadd	12/06/2018						
<u>**</u> Signature of Reporting Pers	Date						

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) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- (2) Includes 73 ordinary shares acquired under a Section 423 Employee Stock Purchase Plan on November 30, 2018.

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.

Date