FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|
| OMB Number: | 3235-02 | | | | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|---|---|--|---|--|--|----------------|--------|--------------------------------------|--|---|----------------------|--|---|---|---------------------------------------|---|---|---|--|--|
| Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol Jazz Pharmaceuticals plc [JAZZ] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
| Cox Russell J. | | | | Jazz i narmaceunears pie [JAZZ] | | | | | | | | | | | Direc | tor | 10% | Owner | | |
| | | | | | | | | | | | | | | | X | Office | | | r (specify v) | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | EVP & Chief Commercial O | | | | fficer | | |
| C/O JAZZ PHARMACEUTICALS PLC | | | | 03/05/2014 | | | | | | | | | | | or officer of | Januare Caux C | | | | |
| CONNAUGHT HOUSE, 1 BURLINGTON RD, FL. | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Ctt) | | | | | | | | | | | | | | | Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X | Form | filed by One | e Reporting Pe | son | |
| DUBLIN | 14 L2 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | , | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non- | -Deriva | ative | Sec | uritie | s Ac | quired | , Dis | posed o | f, o | r Ben | efici | ally C | Owne | :d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Dat | | recution Date, | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secu Bene Own | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | . 1 | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Ordinary Shares 03/05/ | | | | 5/2014 | | | | F ⁽¹⁾ | | 1,291 | D \$15 | | 7.6 58,733 | | D | | | | | |
| | | Та | ble II - De | | | | | | | | osed of, onvertib | | | | | ned | | | | |
| 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 | Date, T | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Prio Deriva Secui (Instra | vative curity S | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nu of | nount mber ares | | | | | | |

Explanation of Responses:

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

Remarks:

/s/ Larissa Schwartz as attorney in fact for Russell Cox

** Signature of Reporting Person Date

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

- * 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.