Pauli Ronald Form 4 May 07, 2018

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number:

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

January 31, Expires: 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

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 Address of Reporting Person * Pauli Ronald			2. Issuer Name and Ticker or Trading Symbol Horizon Pharma plc [HZNP]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	st) (Middle)	3. Date of Earliest Transaction	(Check all applicable)			
			(Month/Day/Year)	X Director 10% Owner			
C/O HORIZON PHARMA			05/03/2018	Officer (give titleOther (specify			
PLC, CONNAUGHT HOUSE, 1ST				below) below)			
FL, 1 BURLI	NGTON RD)					
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person			

DUBLIN, L24

(State)

(Zip)

(City)

Form filed by More than One Reporting Person

Table I. Non Darivative Securities Acquired Disposed of an Reneficially Ov

(- 3)	()	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ie I - Non-i	Derivative	Secur	ities Acqi	nrea, Disposea o	i, or Beneficial	ly Ownea
1.Title of Security	2. Transaction Date (Month/Day/Year)	Execution Date, if		4. Securit	sposed	d of (D)	5. Amount of Securities	6. Ownership	7. Nature of Indirect
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3,		3)	Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Ordinary Shares	05/03/2018		M	14,054	A	<u>(1)</u>	28,084	I	By Trust
Ordinary Shares	05/03/2018		F	3,790	D	\$ 13.87	24,294	I	By Trust

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)

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. Number of Derivative Securities (A) or Dis (D) (Instr. 3, 4	Acquired posed of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo Underlying Secur (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am or Nu of S
Restricted Stock Units	<u>(1)</u>	05/03/2018		M		14,054	(2)	(2)	Ordinary shares	14
Stock Option (Right to Buy)	\$ 13.87	05/03/2018		A	32,161		<u>(3)</u>	05/02/2028	Ordinary shares	32
Restricted Stock Units	(1)	05/03/2018		A	15,320		05/03/2019	<u>(1)</u>	Ordinary shares	15

Reporting Owners

Reporting Owner Name / Address	Relationships					
• 0	Director	10% Owner	Officer	Other		
Pauli Ronald C/O HORIZON PHARMA PLC CONNAUGHT HOUSE, 1ST FL, 1 BURLINGTON RD DUBLIN, L2 4	X					

Signatures

/s/ Miles W. McHugh, Attorney-in-Fact

05/07/2018 Date

**Signature of 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) Each restricted stock unit represents a contingent right to receive one ordinary share of the Issuer.
- (2) On May 3, 2017, the reporting person was granted 14,054 restricted stock units, vesting in full on the first anniversary of the grant date.
- (3) The option vests in 12 equal monthly installments from the date of grant.

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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