Edgar Filing: Horizon Pharma plc - Form 4

Form 4			
September 21, 2015			
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION	OMB APPROVAL		
Washington, D.C. 20549	OMB Number: 3235-0287		
Check this box	Expires: January 31,		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF	200		
	Estimated average burden hours per		
Form 4 or	response 0.5		
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(c) of the Public Utility Helding Company Act of 1025 or Section			
may continue Section 17(a) of the Fublic Outify Holding Company Act of 1955 of Section			
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940			
1(b).			
(Print or Type Responses)			
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting	eporting Person(s) to		
SHERMAN JEFFREY W Symbol Issuer			
Horizon Pharma plc [HZNP] (Check al	ll applicable)		
(Last) (First) (Middle) 3. Date of Earliest Transaction			
(Month/Day/Year) Director	10% Owner		
C/O HORIZON PHARMA 09/21/2015	le Other (specify below)		
	ef Medical Officer		
FL, 1 BURLINGTON 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	Peparting Person		
	e than One Reporting		
Person Person			
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or	r Beneficially Owned		
	Ownership 7. Nature of		
	orm: Direct Indirect D) or Beneficial		
	idirect (I) Ownership		
Following (Ir	nstr. 4) (Instr. 4)		
(A) Reported			
or (Instr. 3 and 4)			
Code V Amount (D) Price			
Ordinary Shares $09/21/2015$ $S(\underline{1})$ $7,750$ D $\$$ 31.78 $105,132$ 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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		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		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Oth		
SHERMAN JEFFREY W C/O HORIZON PHARMA PLC CONNAUGHT HOUSE, 1ST FL, 1 BURLINGTON RD DUBLIN, L2 4			EVP and Chief Medical Officer			
Signatures						

/s/ Paul W. Hoelscher, Attorney-in-Fact

S

09/21/2015 Date

Explanation of Responses:

**Signature of Reporting Person

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 sales reported in this Form 4 were effected pursuant to a Rule10b5-1 trading plan adopted by the reporting person on May 13, 2015.

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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