Edgar Filing: Horizon Pharma plc - Form 4/A

Horizon Phar	ma plc										
Form 4/A											
January 26, 2	015										
FORM	4								PPROVAL		
	UNITE	DSTATES		ITIES A. hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti	er STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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						Expires: January 31 200 Estimated average burden hours per response 0.			
<i>See</i> Instru 1(b).		30(h)	of the Inv	vestment	Company	v Act	of 194	40			
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> SHERMAN JEFFREY W			2. Issuer Name and Ticker or Trading Symbol				g	5. Relationship of Reporting Person(s) to Issuer			
			Horizon Pharma plc [HZNP]					(Check all applicable)			
	(First) ON PHARMA CHAMBERS		3. Date of (Month/D) 01/02/20	-	ansaction			Director X Officer (give below) EVP and C		o Owner er (specify Officer	
Filed(Mo			Filed(Mon	f Amendment, Date Original ed(Month/Day/Year) /10/2014				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN, L2	2 8		01/10/20	/14				Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any	med on Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	4. Securiti m(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	01/02/2014			М	11,250	А	<u>(1)</u>	102,596	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)

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 orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sea (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	01/02/2014		М	11,250	(2)	(2)	Common Stock	45,000	

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
SHERMAN JEFFREY W C/O HORIZON PHARMA PLC ADELAID CHAMBERS PETER STREET DUBLIN, L2 8	ΡE		EVP and Chief Medical Officer				
Signatures							
/s/ Timothy Walbert,	01/23/2015						

Attorney-in-Fact

DU Si

**Signature of Reporting Person

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).
- Each restricted stock unit represents a contingent right to receive one share of Horizon Pharma, Inc. common stock. (1)
- On January 2, 2013, the reporting person was granted 45,000 restricted stock units, vesting in four equal annual installments beginning (2) on the first anniversary of the grant date.

Remarks:

This amendment is being made to report the vesting of a portion of a restricted stock award, which was inadvertently omitted to

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.