Karnani Vikram Form 4 January 08, 2019

FORM 4

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

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

(Print or Type Responses)

DUBLIN, L24

(City)

1(b).

Form 5

obligations

may continue.

See Instruction

1. Name and Address of Reporting Person * Karnani Vikram

(Last) (First) (Middle)

C/O HORIZON PHARMA PLC, **CONNAUGHT HOUSE. 1ST** FLOOR, 1 BURLINGTON RD

(Street)

(State)

(Zip)

Horizon Pharma plc [HZNP]

3. Date of Earliest Transaction

4. If Amendment, Date Original Filed(Month/Day/Year)

(Month/Day/Year)

01/04/2019

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Issuer Symbol

(Check all applicable)

Director 10% Owner X_ Officer (give title Other (specify below)

EVP, Chief Commercial Officer

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

		1 ab	ble 1 - Non-Derivative Securities Acquired, Disposed of, or Deficiency Owned						
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securities Acquired asaction(A) or Disposed of (D)			5. Amount of Securities	6. Ownership	7. Nature of Indirect
(Instr. 3)		any	Code	(Instr. 3,	4 and	5)	Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	(D) or	Ownership
							Following	Indirect (I)	(Instr. 4)
					(4)		Reported	(Instr. 4)	
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Ordinary Shares	01/05/2019		M	17,259	A	<u>(1)</u>	60,433	D	
Ordinary Shares	01/05/2019		F	7,962	D	\$ 20.39	52,471	D	

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 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)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units (RSU)	(1)	01/04/2019		A	53,948		<u>(2)</u>	(2)	Ordinary Shares	53,948
Restricted Stock Units (RSU)	Ш	01/05/2019		M		17,259	<u>(3)</u>	<u>(3)</u>	Ordinary Shares	17,259

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

Karnani Vikram C/O HORIZON PHARMA PLC, CONNAUGHT HOUSE 1ST FLOOR, 1 BURLINGTON RD DUBLIN, L2 4

EVP, Chief Commercial Officer

Signatures

/s/ Miles W. McHugh,

Attorney-in-Fact 01/08/2019

**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).
- (1) Each RSU represents a contingent right to receive one ordinary share of the Issuer.
- (2) The RSU's vest 1/3rd annually on each anniversary of January 5, 2019.
- (3) The RSU's vest 1/3rd annually on each anniversary of January 5, 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.

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