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Watkins Thomas

| Form 4 | | | | | | | | |
|---|---|---|--|---|--|---|--|--|
| May 07, 201 | OMB APPROVAL | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Workington D.C. 20549 | | | | | | 3235-0287 | | |
| Check th if no lon subject t | states states | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF | | | | | | |
| subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction | | | | | | | | |
| (Print or Type | Responses) | | | | | | | |
| Watkins Thomas Sym | | | uer Name and Ticker or Trading l on Pharma plc [HZNP] | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (N | | of Earliest Transaction | (Check all applicable) | | | | |
| (Mor | | | Month/Day/Year) X_ Director 5/03/2018 Officer (give below) | | | re title Other (specify below) | | |
| | | | nendment, Date Original Ionth/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| DUBLIN, I | L2 8 | | | Form filed by M Person | lore than One | Reporting | | |
| (City) | (State) | (Zip) T | ble I - Non-Derivative Securities Ac | equired, Disposed of | , or Benefic | ally Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, i any | ation Date, if Transactior(A) or Disposed of Securitie Code (D) Benefici th/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Followin (A) or (Instr. 3) | | wnership orm: Direct D) or ndirect (I) instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Ordinary Shares | 05/03/2018 | | Code V Amount (D) Price M 14,054 A (1) | 33,265 I | | By Trust | | |
| Ordinary Shares | | | | 6,000 E |) | | | |
| Ordinary Shares | | | | 10,000 I | | By Family Limited Partnership | | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

1

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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 orDerivative Securities (A) or Dis (D) (Instr. 3, 4 | Acquired | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amo Underlying Secu (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 | | М | | 14,054 | (2) | (2) | Ordinary shares | 14 |
| Stock Option (Right to Buy) | \$ 13.87 | 05/03/2018 | | А | 32,161 | | <u>(3)</u> | 05/02/2028 | Ordinary shares | 32 |
| Restricted Stock Units | <u>(1)</u> | 05/03/2018 | | А | 15,320 | | 05/03/2019 | <u>(1)</u> | Ordinary shares | 15 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Watkins Thomas C/O HORIZON PHARMA PLC CONNAUGHT HOUSE, 1ST FL, 1 BURLINGTON RD DUBLIN, L2 8 | Х | | | | | |
| Signatures | | | | | | |
| /s/ Miles W. McHugh, Attorney-in-Fact 05/07/2018 | | | | | | |

<u>**</u>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 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.

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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.