## Edgar Filing: MOZE BARRY - Form 4

MOZE BARRY											
Form 4											
May 07, 2018											
FORM 4	UNITED		CECU	DITIES				т	PPROVAL		
Check this box	OMB Number:	3235-0287									
if no longer					DENEE			Expires:	January 31, 2005		
subject to Section 16. Form 4 or						ICIAL OV	WNERSHIP OF	Estimated a burden hou response	ed average nours per		
Form 5 obligations may continue. See Instruction 1(b).	Section 17(	a) of the l	Public U	Itility Hol	ding Cor		nge Act of 1934, of 1935 or Section 940	on			
(Print or Type Respo	nses)										
1. Name and Address of Reporting Person <u>*</u> MOZE BARRY			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			Horizo	n Pharma	plc [HZ]	NP]	(Check all applicable)				
(Last)	(First) (N	Middle)		of Earliest T	ransaction						
C/O HORIZON PLC, CONNAU FL, 1 BURLINC	(Month/Day/Year) 05/03/2018				Director 10% Owner _X Officer (give title Other (specify below) EVP, Chief Admin. Officer						
(	(Street)		4. If Am	endment, D	ate Origina	1	6. Individual or .	Joint/Group Fili	ng(Check		
			Filed(Month/Day/Year)				Applicable Line)				
DUBLIN, L2 4					_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of 2. Tra	ansaction Date	2A Deem		3.	4. Securit		5. Amount of	6. Ownership	7. Nature of		
Security (Month/Day/Year) Execution (Instr. 3) any		Code Disposed of ( ny/Year) (Instr. 8) (Instr. 3, 4 an (A			(A) or of (D)	Securities Beneficially Owned Following Reported Transaction(s)	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect			
				Code V	Amount	(D) Price	(Instr. 3 and 4)				
Reminder: Report or	n a senarate line	for each cl	ass of sec	urities bene	ficially ow	ned directly (	or indirectly				
reminer report of	i u sopuruto inite				Perso inform requir	ns who res nation cont ed to respo bys a curre	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tabl					posed of, or convertible	Beneficially Owned securities)	I			

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactic	orDerivative	Expiration Date	Underlying Securities	Der

## Edgar Filing: MOZE BARRY - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	Securitie Acquired or Dispo (D) (Instr. 3, and 5)	l (A) sed of	(Month/Day/Year)		(Instr. 3 and 4)		Sec (Ins
				Code V	V (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	3
Restricted Stock Units (RSU)	<u>(1)</u>	05/03/2018 <u>(2)</u>		А	51,779	ļ	(3)	<u>(1)</u>	Ordinary Shares	51,779	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MOZE BARRY C/O HORIZON PHARMA PLC CONNAUGHT HOUSE, 1ST FL, 1 BURLINGTON RD DUBLIN, L2 4			EVP, Chief Admin. Officer				
Signatures							
/s/ Miles W. McHugh, Attorney-in-Fact 05/07/2018							

\*\*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.
- The RSU's were approved by the Issuer's Compensation Committee on January 5, 2018, subject to shareholder approval of certain
  (2) amendments to the Issuer's 2014 Equity Incentive Plan (the "Plan") under which the RSU's were granted. The Issuer's shareholders approved the amendments to the Plan on May 3, 2018.
- (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.