Beeler Brian K Form 4 May 30, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

30(h) of the Investment Company Act of 1940

Check this box if no longer

subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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 **OMB APPROVAL**

OMB Number:

3235-0287

Expires:

January 31, 2005

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Estimated average burden hours per

response...

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person * Beeler Brian K

(First)

PLC, CONNAUGHT HOUSE, 1ST

(Street)

(State)

C/O HORIZON PHARMA

(Middle)

(Zip)

2. Issuer Name and Ticker or Trading Symbol

Horizon Pharma plc [HZNP]

3. Date of Earliest Transaction

(Month/Day/Year) 05/25/2018

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director

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

EVP, General Counsel

FL, 1 BURLINGTON RD

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

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

stive Committee Acquir

DUBLIN, L24

(City)

(,)	(=)	Tab	le I - Non-I	Jerivative (Secur	ities Acqi	uirea, Disposea oi	, or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Ordinary Shares	05/25/2018		M	48,000	A	\$ 2.4	110,524	D	
Ordinary Shares	05/25/2018		S	17,931	D	\$ 16.11 (1)	92,593	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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerc Expiration D (Month/Day/	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 2.4	05/25/2018		M	48,000	(2)	01/01/2023	Ordinary Shares	48,000	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Beeler Brian K C/O HORIZON PHARMA PLC CONNAUGHT HOUSE, 1ST FL, 1 BURLINGTON RD DUBLIN, L2 4

EVP, General Counsel

Signatures

/s/ Paul W. Hoelscher, Attorney-in-Fact 05/30/2018

**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).
- The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.10 to \$16.145 per share, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- (2) 25% of the shares subject to the option vested and became exercisable on the first anniversary of the date of grant (1/2/2013), and the remaining shares vested in 36 equal monthly installments thereafter.

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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