Edgar Filing: CURTIS GEOFFREY M. - Form 4

CURTIS GE	EOFFREY M.									
Form 4	2010									
August 02, 2										
FORM	A 4 UNITED STAT	FES SECU	RITIES /	AND EX	сна	NGE C	OMMISSION		PROVAL	
	UNITED STA			, D.C. 20				OMB Number:	3235-0287	
Check th	0					Expires:	January 31,			
if no lon subject t Section Form 4 o	IGES IN BENEFICIAL OW SECURITIES					Estimated a burden hou response	irs per			
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17(a) of		tility Hol	lding Con	npany	y Act of	1935 or Section	1		
(Print or Type	Responses)									
1. Name and A CURTIS G	er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
			Horizon Pharma plc [HZNP]				(Checl	(Check all applicable)		
(Last)	(First) (Middle)		of Earliest Transaction /Day/Year)				Director 10% Owner			
C/O HORIZ PLC, CON FL, 1 BUR	2018				X_Officer (give titleOther (specify below) EVP, Corporate Affairs, CCO					
			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBLIN, I	L2 4						Form filed by M Person	lore than One Re	porting	
(City)	(State) (Zip)	Tab	le I - Non-	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any	Deemed oution Date, if nth/Day/Year)	n Date, if Transaction(A) or Code (Instr.		Gecurities Acquired or Disposed of (D) str. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Ordinary Shares	08/01/2018		М	30,000	А	<u>(1)</u>	47,461 <u>(2)</u>	D		
Ordinary Shares	08/01/2018		F	8,790	D	\$ 17.72	38,671	D		
Ordinary Shares							420	I	By spouse	

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 (9-02) required to respond unless the form

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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. F Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	08/01/2018		М	30,000	(3)	<u>(1)</u>	Ordinary shares	30,000	

Reporting Owners

Reporting Owner Name / Address		Relationships					
r g a transferration	Director	10% Owner	Officer	Other			
CURTIS GEOFFREY M. C/O HORIZON PHARMA PLC CONNAUGHT HOUSE, 1ST FL, 1 BURLINGTO RD DUBLIN, L2 4	ON		EVP, Corporate Affairs, CCO				
Signatures							
/s/ Miles W. McHugh, Attorney-in-Fact 08/02	2/2018						

**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 restricted stock unit represents a contingent right to receive one ordinary share of the Issuer.
- (2) Includes 645 ordinary shares of the Issuer acquired by the reporting person on June 1, 2018 pursuant to an employee stock purchase program.
- (3) 50% of the shares subject to the restricted stock units shall vest on each of August 1, 2018 and August 1, 2019.

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.