Horizon Pharma plc Form 4 March 12, 2015

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

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

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * Himawan Jeff			2. Issuer Name <b>and</b> Ticker or Trading Symbol Horizon Pharma plc [HZNP]			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)			Γransaction	(Check all applicable)			)
21 WATEI 225	RWAY AVENUI	E, SUITE	(Month/ 03/09/2	Day/Year) 2015			Director Officer (give tit		Owner r (specify
(Street)			4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check			
THE WOO	DDLANDS, TX 7	7380	Filed(Me	onth/Day/Ye	ar)	_X_ F	cable Line) orm filed by On orm filed by Mo	1 0	
(City)	(State)	(Zip)	Tal	ole I - Non-	Derivative Securities Acq	quired,	Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transaction Code (Instr. 8)	4. Securities Acquired (A oror Disposed of (D) (Instr. 3, 4 and 5)	Se Be	Amount of ecurities eneficially wned	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities of Disposed (Instr. 3, 4 an	of (D)	red (A)	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	03/09/2015		S	329,912	` ′	\$ 21.91	1,284,915	I	See footnote
Ordinary Shares	03/10/2015		S	1,284,915	D	\$ 21.84	0	I	See footnote

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)required to respond unless the form displays a currently valid OMB control number.

#### Edgar Filing: Horizon Pharma plc - Form 4

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. onNumber	6. Date Exerc Expiration D		7. Title Amount		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month Day/Tear)	(Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/ e		Underly Securitic (Instr. 3	ring es	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Number		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Himawan Jeff 21 WATERWAY AVENUE, SUITE 225 THE WOODLANDS, TX 77380	X							

## **Signatures**

/s/ Richard Kolodziejcyk, Attorney-in-Fact

03/11/2015

\*\*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 securities are held directly by Essex Woodlands Health Ventures Fund, VII, L.P. (the "Fund"). The Reporting Person is a manager of Essex Woodlands Health Ventures VII, L.P., the general partner of Essex Woodlands Health Ventures VII, L.P., the general partner of the Fund. The Reporting Person disclaims beneficial ownership of these securities, except to the extent of his pecuniary interest therein.

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.

Reporting Owners 2