| Form 4 | • | | | | | | | | | | | |
|--|--|--------------------|--|--|------------|--|---|--|--|----------|--|--|
| February 21, FORN Check th if no lon; subject to Section 1 Form 4 c Form 5 obligation may com | RITIES AND EXCHANGE COMMISSIO shington, D.C. 20549 GES IN BENEFICIAL OWNERSHIP OF SECURITIES 6(a) of the Securities Exchange Act of 1934, tility Holding Company Act of 1935 or Secti | | | | | Number:3235-0287Number:January 31, 2005Expires:2005Estimated average burden hours per response0.5 | | | | | | |
| See Instr 1(b). | uction | 30(n) | of the In | ivestment | Compar | iy Ac | t of 194 | łU | | | | |
| (Print or Type] | Responses) | | | | | | | | | | | |
| WATKINS IAN J Symbol | | | | er Name and Ticker or Trading ckrodt plc [MNK] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | | of Earliest Transaction Day/Year) 2017 | | | | Director 10% Owner X Officer (give title Other (specify below) below) Chief HR Officer | | | | |
| | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| HAZELWO | OOD, MO 6304 | 2 | | | | | | Form filed by M Person | Nore than One Re | porting | | |
| (City) | (State) | (Zip) | Tab | le I - Non-D | Derivative | Secur | ities Acq | uired, Disposed of | f, or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | r) Executio any | med n Date, if Day/Year) | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | spose | d 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) | | | |
| Ordinary Shares | 02/17/2017 | | | Р | 375 | D | \$ 54.26 | 26,921 <u>(1)</u> <u>(2)</u> | D | | | |

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 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)

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| 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | ; | ate | 7. Titl Amou Under Securi (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|---|--|---|---|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|----------|---------|--|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | | |
| WATKINS IAN J 675 MCDONNELL BLVD. HAZELWOOD, MO 63042 | | | Chief HR | Officer | | | | |
| Signatures | | | | | | | | |
| /s/ Kenneth L. Wagner, Attorney-in-Fact | | 02/21/ | 21/2017 | | | | | |
| **Signature of Reporting Person | | Date | e | | | | | |
| 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) Includes 162 shares acquired on December 31, 2016, under the Mallinckrodt employee stock purchase plan.

(2) Total number of shares was previously overstated by 40 shares. The total has been corrected on this Form 4.

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.