## Edgar Filing: Lin Shao-Lee - Form 4

Lin Shao-Le Form 4	ee									
May 07, 20	18									
FORM	Λ4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ ~ ~ ~			~~~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		PPROVAL	
Washington, D.C. 20549									3235-0287	
Check this box if no longer CTLATED (EDUTE OF CHANCES DUPENED CHAL OWNED SHIP OF									January 31, 2005	
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Section 16. SECURITIES Form 4 or							WNEKSHIP OF	Estimated burden hou response	average urs per	
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 17(	(a) of the P	ublic U	Itility Hol	ding Con		nge Act of 1934, of 1935 or Section 940			
(Print or Type	Responses)									
1. Name and A Lin Shao-L		2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			Horizon Pharma plc [HZNP]				(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction							
C/O HORIZ PLC, CON FL, 1 BUR		(Month/Day/Year) 05/03/2018				Director 10% Owner X Officer (give title Other (specify below) below) EVP, Head of R&D and CSO				
		4. If Amendment, Date Original			1	6. Individual or Joint/Group Filing(Check				
DUBLIN, I		Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		(Zin)								
(City) (State) (Zip) <b>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b>										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution I any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or 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)	
Reminder: Re	port on a separate line	e for each cla	iss of sec	urities benef	ficially own	ned directly o	or indirectly			
					Perso inform requir	ns who rest nation cont ed to respo sys a curren	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	
	Tab					posed of, or convertible s	Beneficially Owned	1		

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

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code Securities (Instr. 8) Acquired (A) or Disposed o (D) (Instr. 3, 4, and 5)		(A) sed of	(Month/Day/Year) f		(Instr. 3 and 4)		Sec (Ins
				Code N	7 (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	97,087		(3)	<u>(1)</u>	Ordinary Shares	97,087	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Lin Shao-Lee			EVP,			
C/O HORIZON PHARMA PLC			Head of			
CONNAUGHT HOUSE, 1ST FL, 1 BURLINGTON RD			R&D and			
DUBLIN, L2 4			CSO			
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.