

Kent Jeff  
 Form 3  
 February 26, 2019

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Kent Jeff		(Month/Day/Year)	Horizon Pharma plc [HZNP]	
(Last)	(First)	(Middle)	02/20/2019	
C/O HORIZON PHARMA PLC,Â CONNAUGHT HOUSE, 1ST FL, 1 BURLINGTON RD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
DUBLIN,Â L2Â 4		<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below) See remarks		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	101,960	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Employee stock options (right to buy)	Â (1)	06/07/2022	Ordinary Shares	20,000	\$ 3.95	D	Â
Employee stock options (right to buy)	Â (1)	01/01/2024	Ordinary Shares	18,000	\$ 7.61	D	Â
Employee stock options (right to buy)	Â (2)	03/22/2025	Ordinary Shares	53,666	\$ 22.14	D	Â
Restricted Stock Units	Â (3)	Â (3)	Ordinary Shares	6,500	\$ 0	D	Â
Restricted Stock Units	Â (4)	Â (4)	Ordinary Shares	20,000	\$ 0	D	Â
Restricted Stock Units	Â (5)	Â (5)	Ordinary Shares	15,000	\$ 0	D	Â
Restricted Stock Units	Â (6)	Â (6)	Ordinary Shares	13,400	\$ 0	D	Â
Restricted Stock Units	Â (7)	Â (7)	Ordinary Shares	24,521	\$ 0	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Kent Jeff C/O HORIZON PHARMA PLC CONNAUGHT HOUSE, 1ST FL, 1 BURLINGTON RD DUBLIN, L2 4	Â	Â	Â See remarks	Â

## Signatures

/s/ Miles McHugh,  
Attorney-in-fact

02/26/2019

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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) Fully vested

(2) 25% of the shares subject to the option vested and become exercisable on March 23, 2016 and the remaining shares vest in 36 equal monthly installments thereafter.

(3) The RSU's vest 1/4th annually on each anniversary of March 23, 2015.

(4) The RSU's vest 50% annually on each anniversary of August 1, 2017.

(5) The RSU's vest 1/3rd annually on each anniversary of June 10, 2018.

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- (6) The RSU's vest 1/3rd annually on each anniversary of January 5, 2018.
- (7) The RSU's vest 1/3rd annually on each anniversary of January 5, 2019.

^

**Remarks:**

Officer^ Title:^ ^ SVP,^ Head^ of^ Medical^ Affairs^ &^ Outcomes^ Research.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

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