

Horizon Pharma plc
Form 3
March 03, 2017

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 *

Â DesJardin Michael A.

(Last) (First) (Middle)

C/O HORIZON PHARMA PLC,
CONNAUGHT HOUSE,Â 1ST
FLOOR, 1 BURLINGTON RD

(Street)

DUBLIN,Â L2Â 4

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)

02/22/2017

3. Issuer Name **and** Ticker or Trading Symbol
Horizon Pharma plc [HZNP]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

☐ Director ☐ 10% Owner
☒ Officer ☐ Other
(give title below) (specify below)
EVP, Technical Operations

6. Individual or Joint/Group Filing(Check Applicable Line)
☒ Form filed by One Reporting Person
☐ Form filed by More than One Reporting Person

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)

Ordinary Shares

0

D Â

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

SEC 1473 (7-02)

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 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)	
Stock Option (Right to Buy)	Â (1)	12/14/2026	Ordinary Shares	36,813	\$ 14.93	D	Â
Stock Option (Right to Buy)	Â (2)	02/20/2027	Ordinary Shares	17,824	\$ 17.19	D	Â
Restricted Stock Units (RSU)	Â (3)	Â (3)	Ordinary Shares	23,443	\$ (3)	D	Â
Restricted Stock Units (RSU)	Â (4)	Â (4)	Ordinary Shares	8,726	\$ (4)	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DesJardin Michael A. C/O HORIZON PHARMA PLC, CONNAUGHT HOUSE 1ST FLOOR, 1 BURLINGTON RD DUBLIN,Â L2Â 4	Â	Â	Â EVP, Technical Operations	Â

Signatures

/s/ Miles W. McHugh,
Attorney-in-Fact

03/03/2017

__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) 25% of the shares subject to the option vest and become exercisable on the first anniversary of the date of grant (December 15, 2016), and the remaining shares vest in 36 equal monthly installments thereafter.
 - (2) 25% of the shares subject to the option vest and become exercisable on the first anniversary of the date of grant (February 21, 2017), and the remaining shares vest in 36 equal monthly installments thereafter.
 - (3) Each restricted stock unit represents a contingent right to receive one ordinary share of the Issuer. The restricted stock units vest 25% annually on each anniversary of the date of grant (December 15, 2016).
 - (4) Each restricted stock unit represents a contingent right to receive one ordinary share of the Issuer. The restricted stock units vest 25% annually on each anniversary of the date of grant (February 21, 2017).

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.