Horizon Pharma plc Form 3 November 10, 2014

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

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement Horizon Pharma plc [HZNP] A Kelly David George (Month/Day/Year) 11/06/2014 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) C/O HORIZON PHARMA (Check all applicable) PLC, ADELAIDE CHAMBERS, PETER STREET 10% Owner Director (Street) _X__ Officer Other 6. Individual or Joint/Group (give title below) (specify below) Filing(Check Applicable Line) **EVP & Corporate Secretary** _X_ Form filed by One Reporting Person DUBLIN, L2Â 8 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

(State)

(City)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form:

4. Nature of Indirect Beneficial

Direct (D)

Ownership (Instr. 5)

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or Indirect (I) (Instr. 5)

Ordinary shares 125,888 D

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

(Zip)

SEC 1473 (7-02)

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

2. Date Exercisable and 3. Title and Amount of 6. Nature of Indirect 1. Title of Derivative Security 4. 5. **Expiration Date** Securities Underlying Ownership Beneficial Ownership (Instr. 4) Conversion (Month/Day/Year) Derivative Security or Exercise Form of (Instr. 5) (Instr. 4) Price of Derivative Derivative Security:

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Date Expiration Title Exercisable Date

Amount or Security Number of Shares

Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

Kelly David George

C/O HORIZON PHARMA PLC ADELAIDE CHAMBERS, PETER STREET DUBLIN, L2Â 8

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EVP & Corporate Secretary Â

Signatures

/s/ Paul W. Hoelscher, Attorney-in-Fact

11/10/2014

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**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).

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.

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