Edgar Filing: Horizon Pharma plc - Form 4/A

Form 4/A	•										
January 26, 20 FORM Check this	4 UNITE	4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									
if no longe subject to Section 16 Form 4 or Form 5 obligation	er STAT 5. Filed j	STATEMENT OF CHANGES IN 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							Estimated a burden hou response	Estimated average burden hours per response 0.5	
may contin <i>See</i> Instruct 1(b).	nue.		of the Inv	•	•	- ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(Print or Type R	esponses)										
Watkins Thomas Symb			Symbol	2. Issuer Name and Ticker or Trading mbol orizon Pharma plc [HZNP]				5. Relationship of Reporting Person(s) to Issuer			
			3. Date of Earliest Transaction (Month/Day/Year) 09/19/2014					(Check all applicable) <u>X</u> Director Officer (give title below) <u>Director</u> <u>below</u> <u>below</u>			
				ndment, Date Original nth/Day/Year) 014				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
DEERFIELD	D, IL 60015							Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-l	Derivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	any		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price)	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)	
Common Stock	09/19/2014			D <u>(1)</u>	6,000	D	<u>(1)</u>	0	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)

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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	. ,	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Watkins Thomas C/O HORIZON PHARMA, INC. 520 EAST COOK ROAD, SUITE 520 DEERFIELD, IL 60015	Х						
Signatures							
/s/ Timothy P. Walbert, Attorney-in-Fact	01/	23/2015					
**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).

Disposition in connection with the merger (the "Merger") effected pursuant to the Transaction Agreement and Plan of Merger among the Issuer, Vidara Therapeutics Holdings LLC, Horizon Pharma plc (formerly known as Vidara Therapeutics International Ltd.), Hamilton

(1) Holdings (USA), Inc. and Hamilton Merger Sub, Inc. Pursuant to the Merger, the outstanding securities of the Issuer were canceled and automatically converted into securities of Horizon Pharma plc. The Reporting Person's acquisition of securities of Horizon Pharma plc in the Merger were reported on a separate Form 4.

Remarks:

This report is being amended to include certain shares that were omitted from the original report.

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.