Karnani Vikram Form 4 February 22, 2019

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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(b).

may continue.

See Instruction

1. Name and Address of Reporting Person \* Karnani Vikram

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(Last)

(First)

(Middle) 3. Date of Earliest Transaction

(Check all applicable)

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

(Zip)

(Month/Day/Year)

Horizon Pharma plc [HZNP]

02/20/2019

Director 10% Owner X\_ Officer (give title Other (specify below)

EVP, Chief Commercial Officer

6. Individual or Joint/Group Filing(Check

(Street)

(State)

4. If Amendment, Date Original

Filed(Month/Day/Year) Applicable Line)

\_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting Person

DUBLIN, L24

(City)

		Tell Tion Berryadive Securities required, Bisposed of, or Beneficially Switch							
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3.	4. Securit		•	5. Amount of Securities	6. Ownership	7. Nature of Indirect
(Instr. 3)	(Month/Day/Tear)	any	Code	or(A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)	, ,			Owned	(D) or	Ownership
							Following	Indirect (I)	(Instr. 4)
					(A)		Reported Transaction(s)	(Instr. 4)	
					or		(Instr. 3 and 4)		
0 11			Code V	Amount	(D)	Price	(moure and r)		
Ordinary Shares	02/20/2019		A <u>(1)</u>	19,014 (1)	A	\$ 0	71,485	D	
Ordinary Shares	02/20/2019		F	8,622	D	\$ 21.54	62,863	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title Amount		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)		or Exercise Price of Derivative Security	(mona, Day) Teal)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/Year) /e s l		Underlyi Securitie (Instr. 3 a	ying ies	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address Officer Other Director 10% Owner

Karnani Vikram C/O HORIZON PHARMA PLC, CONNAUGHT **HOUSE** 1ST FLOOR, 1 BURLINGTON RD DUBLIN, L24

EVP, Chief Commercial Officer

# **Signatures**

/s/ Miles W. McHugh,

02/22/2019 Attorney-in-Fact

> \*\*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).

On January 5, 2018, the reporting person was granted performance-based restricted stock units (PSUs) of the Issuer, which vest upon the (1) satisfaction of certain performance criteria. On February 20, 2019, the PSUs vested as to the number of shares reported above, upon the Issuer's determination that certain performance criteria had been met.

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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