

Horizon Pharma plc  
Form 4  
September 22, 2014

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
SHERMAN JEFFREY W

(Last) (First) (Middle)

C/O HORIZON PHARMA,  
INC., 520 EAST COOK ROAD,  
SUITE 520

(Street)

DEERFIELD, IL 60015

(City) (State) (Zip)

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

3. Date of Earliest Transaction  
(Month/Day/Year)  
09/19/2014

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
\_X\_ Officer (give title below) \_\_\_ Other (specify below)  
EVP, Chief Medical Officer

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

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V Amount (D) Price			
Common Stock	09/19/2014		D(1)	99,298 D (1) 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.**

SEC 1474 (9-02)

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

Edgar Filing: Horizon Pharma plc - Form 4

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 13.47	09/19/2014		D <sup>(1)</sup>		46,335		<sup>(2)</sup>	06/22/2019	Common Stock	46,335
Stock Option (Right to Buy)	\$ 5.2	09/19/2014		D <sup>(1)</sup>		47,654		<sup>(2)</sup>	02/02/2020	Common Stock	47,654
Stock Option (Right to Buy)	\$ 12.94	09/19/2014		D <sup>(1)</sup>		42,295		<sup>(2)</sup>	06/15/2020	Common Stock	42,295
Stock Option (Right to Buy)	\$ 4.96	09/19/2014		D <sup>(1)</sup>		53,621		<sup>(4)</sup>	12/07/2021	Common Stock	53,621
Restricted Stock Units	<sup>(5)</sup>	09/19/2014		D <sup>(1)</sup>		16,416		<sup>(6)</sup>	<sup>(5)</sup>	Common Stock	16,416
Stock Option (Right to Buy)	\$ 2.4	09/19/2014		D <sup>(1)</sup>		51,000		<sup>(4)</sup>	01/01/2023	Common Stock	51,000
Restricted Stock Units	<sup>(5)</sup>	09/19/2014		D <sup>(1)</sup>		33,750		<sup>(6)</sup>	<sup>(5)</sup>	Common Stock	33,750
Stock Option (Right to Buy)	\$ 7.61	09/19/2014		D <sup>(1)</sup>		70,000		<sup>(4)</sup>	01/01/2024	Common Stock	70,000
Restricted Stock Units	<sup>(5)</sup>	09/19/2014		D <sup>(1)</sup>		62,000		<sup>(6)</sup>	<sup>(5)</sup>	Common Stock	62,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SHERMAN JEFFREY W C/O HORIZON PHARMA, INC. 520 EAST COOK ROAD, SUITE 520 DEERFIELD, IL 60015			EVP, Chief Medical Officer	

## Signatures

/s/ Robert J. De Vaere,  
Attorney-in-Fact

09/22/2014

\_\_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") contemplated by the Transaction Agreement and Plan of Merger among Horizon Pharma, Inc. (the "Issuer"), Vidara Therapeutics Holdings LLC, Horizon Pharma plc (formerly known as Vidara Therapeutics International Ltd.), Hamilton Holdings (USA), Inc. and Hamilton Merger Sub, Inc. Pursuant to the Merger, the outstanding securities of the Issuer are being canceled and automatically converted into securities of Horizon Pharma plc. The Reporting Person's acquisition of securities of Horizon Pharma plc in the Merger will be reported on a separate Form 4.

- (1) The stock option is fully vested and exercisable. 25% of the shares subject to the option vested on the first anniversary of the grant date, and the remaining shares vested in 36 equal monthly installments thereafter.
- (2) In connection with the Merger, the stock option has been assumed and converted into options to purchase the same number of ordinary shares of Horizon Pharma plc at the same exercise price and on substantially the same terms.
- (3) The stock option vests in 48 equal monthly installments following the date of grant.
- (4) Each restricted stock unit represented a contingent right to receive one share of Horizon Pharma, Inc. common stock. Each restricted stock unit has been converted into a contingent right to receive one ordinary share of Horizon Pharma plc.
- (5) The restricted stock units vest in four equal annual installments.

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.