## Horizon Pharma plc Form 3 September 22, 2014 **FORM 3** UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

## 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 <u>*</u> Daniel William F			2. Date of Event Requiring Statement (Month/Day/Year)	0 3. 155001 I tu	3. Issuer Name <b>and</b> Ticker or Trading Symbol Horizon Pharma plc [HZNP]				
(Last)	(First)	(Middle)	09/19/2014		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O HORIZON PHARMA PLC, ADELAIDE CHAMBERS, PETER STREET (Street) DUBLIN, L2 8			all applicable) 10% Owner Other (specify below)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned						
(Instr. 4) B		Beneficia	2. Amount of Securities Beneficially Owned (Instr. 4)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Reminder: Report on a separate line for each class of secur owned directly or indirectly.			ach class of securities ben	eficially	SEC 1473 (7-02	2)			
	inforr	nation cont	pond to the collection ained in this form are ond unless the form di	not					

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

currently valid OMB control number.

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	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D)	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

or Indirect (I) (Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Daniel William F C/O HORIZON PHARMA PLC ADELAIDE CHAMBERS, PETER STREET DUBLIN, L2 8	ÂX	Â	Â	Â			
Signatures							
/s/ Paul W. Hoelscher, 09. Attorney-in-Fact	/22/2014						
**Signature of Reporting Person	Date						
Explanation of Responses:							

## No securities are beneficially owned

- \* 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.