Edgar Filing: AMARIN CORP PLC\UK - Form 4

	CORP PLC\UK							
Form 4	6							
July 05, 201								PPROVAL
FORM		STATES SEC	CURITIES	AND EXC	HANGE	COMMISSION		
			Washingtor				Number:	3235-0287
Check the check	nger						Expires:	January 31,
subject		MENT OF CH			CIAL OV	WNERSHIP OF	Estimated	2005 average
Section Form 4			SECU.	RITIES			burden hou	urs per
Form 5		rsuant to Section	on 16(a) of t	he Securitie	es Exchar	nge Act of 1934,	response	. 0.5
obligati	ons Section 170					of 1935 or Section	on	
may cor <i>See</i> Inst	iunue.		e Investmen					
1(b).								
(Drint an Tama	D)							
(Print or Type	Responses)							
1. Name and	Address of Reporting	Person $\frac{*}{2}$ 2.]	ssuer Name ar	d Ticker or T	rading	5. Relationship of	of Reporting Per	rson(s) to
Kalb Micha	ael Wayne		Symbol			Issuer		
		AM	ARIN COR	P PLC\UK	[AMRN]] (Che	eck all applicabl	e)
(Last)	(First) (Middle) 3. Da	te of Earliest	Fransaction		(en	ek un applicabl	()
			nth/Day/Year)			Director		% Owner
	RIN PHARMA,	07/0	01/2016			X Officer (giv below)	below)	er (specify
INC., 1430	ROUTE 206					S	SVP and CFO	
	(Street)	4. If	Amendment, I	Date Original		6. Individual or .	Joint/Group Fili	ng(Check
		Filed	(Month/Day/Ye	ar)		Applicable Line) _X_ Form filed by	One Reporting P	ercon
BEDMINS	TER, NJ 07921					Form filed by	More than One R	
						Person		
(City)	(State)	(Zip)	Table I - Non-	Derivative S	ecurities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of	2. Transaction Date		3.	4. Securities			6. Ownership	7. Nature of
Security (Instr. 3)	(Month/Day/Year)	Execution Date, any	if Transaction Code	onAcquired (A Disposed of			Form: Direct (D) or Indirect	Indirect Beneficial
(1130.3)		(Month/Day/Ye		(Instr. 3, 4 a		Owned	(I)	Ownership
						•	(Instr. 4)	(Instr. 4)
				(A)	Reported Transaction(s)		
			Code V		or D) Price	(Instr. 3 and 4)		
				`	,			
Reminder: Re	port on a separate line	e for each class of	securities bene	-	-	-		
						pond to the colle ained in this form		SEC 1474 (9-02)
				require	d to respo	ond unless the fo	rm	· · · ·
				display: number		ntly valid OMB co	ntrol	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)				
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 2.19	07/01/2016		А		625,000		<u>(1)</u>	07/01/2026	Ordinary Shares (2)	625,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Kalb Michael Wayne C/O AMARIN PHARMA, INC. 1430 ROUTE 206 BEDMINSTER, NJ 07921			SVP and CFO				
Signatures							

/s/ Michael Kalb	07/05/2016		
<u>**</u> 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 July 1, 2016, the Reporting Person was granted an option to purchase 625,000 Ordinary Shares under the Amarin Corporation plc
 (1) 2011 Stock Incentive Plan (the "Plan"). The shares subject to this option shall vest as follows: 25% of the total number of underlying shares shall vest on July 1, 2017, and the remaining 75% of the underlying shares shall vest ratably over the subsequent 36 months.
- (2) The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.

Remarks:

In the event of a Change of Control (as defined in the Plan), the grant described in this Form 4 vests in full.

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.