### Edgar Filing: Alkermes plc. - Form 4

Check this box       if no longer         subject to       SECURITIES         Section 16.       SECURITIES									3235-0287 January 31, 2005 Iverage	
(Print or Type F	Responses)									
FRATES JAMES M Symbol			er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
(Month/			. Date of Earliest Transaction Month/Day/Year) 0/05/2015				(Check all applicable) Director 10% Owner X Officer (give title 0ther (specify below) SVP & CFO, Alkermes plc			
DUBLIN 4	4. If Amendu Filed(Month/	ndment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>				
(City)	(State) (Zip)	Table I	- Non-D	erivative	Secur	ities Aca	uired, Disposed of	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any	emed 3. ion Date, if T C /Day/Year) (I		4. Securit n(A) or Di (Instr. 3,	ties Ao spose	cquired d of (D)	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	
Ordinary Shares	10/05/2015		А	5,000	А	\$0	53,713	D		
Ordinary Shares	10/05/2015		F	2,356	D	\$ 59.77	51,357	D		
Ordinary Shares							4,000	Ι	By Sons	
Ordinary Shares							50,801	I	By 2014 GRAT (1)	
Ordinary Shares							41,423	Ι	By 2015 GRAT <u>(2)</u>	

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

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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 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. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Dateof Un(Month/Day/Year)Security		7. Title and A of Underlyin Securities (Instr. 3 and	ng	8. De Se (It
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Performance Restricted Stock Units	<u>(3)</u>	10/05/2015		А	5,000	<u>(4)</u>	(4)	Ordinary Shares	5,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FRATES JAMES M CONNAUGHT HOUSE 1 BURLINGTON ROAD DUBLIN 4 IRELAND			SVP & CFO, Alkermes plc				
Signatures							
/s/ Jennifer Baptiste, attorney-in Frates	n-fact for	James M.	10/07/2015				

# \*\*Signature of Reporting Person 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).
- Shares held by James M. Frates Grantor Retained Annuity Trust dated March 14, 2014 (the "GRAT"). The Reporting Person is a trustee(1) and beneficiary of the GRAT and may be deemed to hold voting and dispositive power with regard to the reported shares held by the GRAT.

Date

(2) Shares held by the 2015 GRAT. The Reporting Person is a trustee and beneficiary of the 2015 GRAT and may be deemed to hold voting and dispositive power with regard to the reported shares held by the 2015 GRAT.

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(3) Each performance restricted stock unit represents a contingent right to receive one ordinary share of Alkermes plc.

Represents the earned but unvested portion of the performance restricted stock units granted to the reporting person on March 3, 2014. Fifty percent of the earned performance restricted stock units vested on October 5, 2015 and are included in Table I of this Form 4; the

(4) remaining fifty percent of the earned performance restricted stock units are included in Table II of this Form 4 and will vest on October 5, 2016. The performance restricted stock units were earned based on the Food and Drug Administration's approval of ARISTADA? (aripiprazole lauroxil).

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.