

Alkermes plc.
Form 4
October 07, 2015

FORM 4

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

OMB APPROVAL

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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 *
Pugh Gordon G

(Last) (First) (Middle)
852 WINTER ST.
(Street)

WALTHAM, MA 02451

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
Alkermes plc. [ALKS]

3. Date of Earliest Transaction (Month/Day/Year)
10/05/2015

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)
SVP, COO & CRO, Alkermes, Inc.

6. Individual or Joint/Group Filing(Check Applicable Line)
 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 Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price
Ordinary Shares	10/05/2015		A		5,000	A	\$ 0
Ordinary Shares	10/05/2015		F		2,356	D	\$ 59.77
Ordinary Shares					47,781	I	
Ordinary Shares					9,190	I	

Gordon G. Pugh Revocable Trust - 2012

By GRAT (1)

Ordinary Shares	10,900	I	Nancy E. Pugh Revocable Trust - 2012
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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. 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)	8. Amount or Number of Shares	
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	
Performance Restricted Stock Units	(2)	10/05/2015		A	5,000	(3)	(3)	Ordinary Shares	5,000

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Pugh Gordon G 852 WINTER ST. WALTHAM, MA 02451			SVP, COO & CRO, Alkermes, Inc.	

Signatures

/s/ Jennifer Baptiste, attorney-in-fact for Gordon G.
Pugh

10/07/2015

**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).
- (1) Shares held by KAS Grantor Retained Annuity Trust dated December 16, 2014 (the "GRAT"). The Reporting Person's spouse is a trustee and beneficiary of the GRAT.
- (2) 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
- (3) 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.