## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPRO	VAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						
	OMB Number: Estimated average burde						

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Cooke Shane  (Last) (First) (Middle)  CONNAUGHT HOUSE  1 BURLINGTON ROAD					3. I	lkern	nes Earli	<u>plc.</u> [	ALKS	S]	g Symbol h/Day/Year)	(Ch	Director Officer below)	tionship of Reporting Person(s) to Issuer all applicable)  Director 10% Owner  Officer (give title Other (specify below) below)  President, Alkermes plc				
(Street) DUBLIN 4 IRELAND (City) (State) (Zip)				_	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form f Form f Persor	Form filed by More than One Reporting Person				
Table I - Non-Derive  1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/		tion	n 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amou Securiti Benefic	int of es ially Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	Amount	(A) or (D)	Price	Transac	action(s) . 3 and 4)			(111501. 4)			
Ordinary Shares 03/23/20			2015	15		M <sup>(1)</sup>		18,000	A	\$14.6	53	,180		D				
Ordinary	Shares			03/23/2	2015				<b>S</b> <sup>(2)</sup>		13,300	D	\$65.1391	91 <sup>(3)</sup> 39,880 D		D		
Ordinary	Shares			03/23/2	2015				<b>S</b> <sup>(2)</sup>		4,700	D	\$65.867	(4) 35	35,180 D			
		٦	Γable I								posed of, , convertil			Owned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date, Ti			ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year		ate Amount of		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to	\$14.6	03/23/2015			M <sup>(1)</sup>			18,000	(:	5)	10/05/2021	Ordinary Shares	18,000	\$0	196,00	0	D	

## **Explanation of Responses:**

- 1. This option exercise was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- $2. \ This \ sale \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person.$
- 3. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$64.53 to \$65.52. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.
- 4. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$65.53 to \$66.48. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.
- $5. \ The option becomes exercisable in equal annual installments over a four year period, at the rate of 25\% per year commencing on 10/5/12.$

/s/ Jennifer Baptiste, attorneyin-fact for Shane Cooke 03/24/2015

\*\* Signature of Reporting Person Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.