FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | OMB APPROVAL | | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burde | en | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | | |

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* POPS RICHARD F | | | | | | 2. Issuer Name and Ticker or Trading Symbol Alkermes plc. [ALKS] | | | | | | | | | | ck all applic Directo | ionship of Reporting all applicable) Director | | 10% Ov | vner |
|---|---|--|---|---------|-----------|--|------|-----------------------------------|--|----------------------|-------------------------|----------------------|---|--|-------------------|---|--|----------------|--|--|
| (Last) (First) (Middle) CONNAUGHT HOUSE 1 BURLINGTON ROAD | | | | | | Date o | | iest Tran | saction | ion (Mor | nth/[| Day/Year) | | | X | below) | (give title or and CI | EO, A | Other (s below) llkermes p | · |
| (Street) DUBLIN 4 IRELAND | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | (Zip) Dle I - No | n-Deriv | /ativ | <u> </u> | curi | ties Ac | ·ani | ired F |)ie | nosed of | f or Re | nefic | vilei | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | action | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | | 4. Securiti Disposed | es Acquire | ed (A) | or 5. Amou and 5) Securitie Benefici | | nt of s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of ndirect Beneficial Ownership | |
| | | | | | | | | | C | Code | , | Amount | (A) oi (D) | Pri | се | Transact (Instr. 3 a | ion(s) | | | Instr. 4) |
| Ordinary Shares 05/28/ | | | | | 3/201 | 2015 | | | | М | | 13,750 |) A | | \$ <mark>0</mark> | 549,394 | | | D | |
| Ordinary | Shares | | | 05/28 | 3/201 | 5 | | | | F | | 6,477 | D | \$ | 59.92 | 542 | ,917 | | D | |
| | | | Table II - | | | | | | | | | osed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, T | Code (Ins | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | | 7. Title an Amount Securitie Underlyin Derivativ (Instr. 3 a | of s ng e Secu | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership et (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | | Expiration Date | Title | Amo or Num of Sha | ber | | | | | |
| Restricted Stock Unit Award | \$0 | 05/28/2015 | | | M | | | 13,750 | 05/2 | 28/2014 ⁽ | 1) | (1) | Ordinary Shares | 13, | 750 | \$0 | 27,50 | 0 | D | |

Explanation of Responses:

1. Shares subject to the restricted stock unit award vest in equal annual installments over a four year period, commencing on 5/28/14.

/s/ Jennifer Baptiste, attorney-05/29/2015 in-fact for Richard F. Pops

** 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.