Edgar Filing: Scholz Frank - Form 4

Scholz Frank	C C									
Form 4										
April 04, 201	18									
FORM	14		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							PPROVAL
	UNITE	D STATES		LITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287
Check the if no long									Expires:	January 31,
subject to		EMENT O	F CHAN	CHANGES IN BENEFICIAL OWN				NERSHIP OF	Estimated a	2005 average
Section 16. SECURIT					ITIES				burden hours per	
Form 4 o			~		~	_			response	0.5
Form 5 obligation							-	e Act of 1934,		
may cont				•	•	• •		f 1935 or Sectio	n	
See Instru	uction	30(h)) of the In	vestment	Company	y Act	of 194	40		
1(b).										
(Print or Type F	Responses)									
1. Name and Address of Reporting Person <u></u> 2				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to		
Scholz Fran	Symbol	Symbol				Issuer				
			Mallinc	Mallinckrodt plc [MNK]				(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(enec	in un uppriouon	-)
			(Month/D	(Month/Day/Year)				Director 10% Owner		
675 MCDO	NNELL BLVI).	04/02/20	018				X Officer (give below)	e title Oth below)	er (specify
								· · · · · · · · · · · · · · · · · · ·	Ops & Pres Sp	ec Gen
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Filin	ng(Check
			Filed(Mon	Filed(Month/Day/Year)				Applicable Line)		
								_X_Form filed by C	One Reporting Pe Iore than One Re	
HAZELWO	OD, MO 6304	-2						Person		porting
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Yea		on Date, if		on(A) or Di	sposed	of	Securities	Form: Direct	
(Instr. 3)		any (Month/	'Day/Year)	Code (Instr. 8)	(D) (Instr. 3.)	4 and 4	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership
		(intolicity)	Duyricury	(1150.0)	(1150.5,	i una c	,	Following	(Instr. 4)	(Instr. 4)
						(A)		Reported		
						or		Transaction(s) (Instr. 3 and 4)		
				Code V	Amount	(D)	Price	(msu. 5 and 4)		
Ordinary Shares	04/02/2018			А	31,885 (1)	А	\$0	74,141 (2)	D	

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year) (D)		7. Title and Amou Underlying Securi (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amo Num Share
Employee Share Options (Right to Buy)	\$ 13.8	04/02/2018		А	166,497	04/02/2019 <u>(3)</u>	04/02/2028	Ordinary Shares	166

Reporting Owners

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Other			
Scholz Frank 675 MCDONNELL BLVD. HAZELWOOD, MO 63042			EVP Glob Ops & Pres Spec Gen				
Signatures							
/s/ Stephanie D. Miller, Attorney-in-Fact		04/04/	2018				
**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) Represents restricted stock units that vest in four equal annual installments beginning April 2, 2019.
- (2) Includes 1,062 shares acquired on March 31, 2018 under the Mallinckrodt employee stock purchase plan.
- (3) The options vest in four equal annual installments beginning April 2, 2019.

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.