FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C	20549
rvasiliigion,	D.C.	20343

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

Instruction 1(b)

Form 3 Holdings Reported.																
Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ac							
1. Name and Address of Reporting Person* <u>BIBERSTEIN KATHRYN L</u>					2. Issuer Name and Ticker or Trading Symbol Alkermes plc. [ALKS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) 852 WIN	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017						Year)	X Officer (give title Other (special below) EVP/CAO/CCO/CRO Alks Inc;								
(Street) WALTHA (City)	AM MA		2451 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	d, Di	sposed	of, or	Benefici	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)				Transa Code (5. Amount of Securities Beneficially Owned at end of			nership I n: Direct I	7. Nature of Indirect Beneficial Ownership		
				-,		Amount		(A) or (D)	Price	Issu	Issuer's Fiscal Year (Instr. 3 and			Instr. 4)		
Ordinary Shares			12/04/2017	G		3	879 I		D	\$0	1	12,224 ⁽¹⁾		D		
Ordinary Shares												28,856			By 2016 GRAT ⁽²⁾	
Ordinary Shares												113,017			By 2017 GRAT ⁽³⁾	
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)	of Deriv Secul Acqu (A) or Dispo	rivative curities quired or sposed (D) str. 3, 4 d f 5)		te Exercisable and ration Date th/Day/Year) Expiration cisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares		8. Price Derivativ Security (Instr. 5)	e derivativ	re es ally eg d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Excludes 113,017 shares previously owned directly which were contributed to the Kathryn L. Biberstein 2017 Annuity Trust dated December 11, 2017 (the "2017 GRAT") on December 14, 2017, which was exempt from reporting obligations by virtue of Rule 16a-13 promulgated under the Securities Exchange Act of 1934, as amended.
- 2. Shares held by the Kathryn L. Biberstein 2016 Annuity Trust dated December 9, 2016 (the "2016 GRAT"). The Reporting Person is a trustee and beneficiary of the 2016 GRAT and may be deemed to hold voting and dispositive power with regard to the reported shares held by the 2016 GRAT.
- 3. Shares held by the 2017 GRAT. The Reporting Person is a trustee and beneficiary of the 2017 GRAT and may be deemed to hold voting and dispositive power with regard to the reported shares held by the 2017 GRAT.

/s/ Jennifer Baptiste, attorney-

in-fact for Kathryn L.

02/09/2018

Biberstein

** 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.