| SEC Form 4 |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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| instruction 1(b). | The pursuant to Section 10(a) of the Securities Exchange Act of 1934 | | · · · · · · · · · · · · · · · · · · · | | | |
|---|--|--|--|---|--|--|
| | or Section 30(h) of the Investment Company Act of 1940 | | | | | |
| . Name and Address of Reporting Person* | 2. Issuer Name and Ticker or Trading Symbol Alkermes plc. [ALKS] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| <u>BREYER ROBERT A</u> | <u> </u> | X | Director | 10% Owner | | |
| | | - | Officer (give title | applicable) rector 10% Owner fficer (give title Other (specify elow) below) I or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting erson | | |
| Last) (First) (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | |
| CONNAUGHT HOUSE | 05/23/2018 | | | | | |
| 1 BURLINGTON ROAD | | | | | | |
| Street) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Filing (Check Applicable | | | |
| DUBLIN 4 | | X | Form filed by One Reporting Person | | | |
| RELAND | | | Form filed by More that Person | an One Reporting | | |
| City) (State) (Zip) | | | | | | |
| Table I - Non-De | rivative Securities Acquired, Disposed of, or Benefi | icially (| Owned | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|--------|-----------------------------|---|---|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (1150.4) |

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. Transa Code (8) | | 5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and | ve es ed ed nstr. | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|--|---|------------------------------|---|---|-------------------------------|--|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Non Qualified Stock Option (Right to Buy) | \$45.64 | 05/23/2018 | | A | | 17,500 | | 05/23/2019 ⁽¹⁾ | 05/23/2028 | Ordinary Shares | 17,500 | \$0 | 17,500 | D | |

Explanation of Responses:

1. This option becomes exercisable in full on 5/23/19.

Remarks:

EXHIBIT LIST: Exhibit 24.1 - Power of Attorney

/s/ Jennifer Baptiste, attorneyin-fact for Robert A. Breyer

05/24/2018

** 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.