FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

| /vasnington, | D.C. 20549 | |
|--------------|------------|--|
| | | |

| OMB APPI | ROVAL |
|------------|---------|
| OMB Number | 3235-02 |

OMB Number: 3235-0287
Estimated average burden
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* FRATES JAMES M | | | | | | 2. Issuer Name and Ticker or Trading Symbol Alkermes plc. [ALKS] | | | | | | | | ck all application | tionship of Reporting all applicable) Director Officer (give title | | on(s) to Issu 10% Ow Other (s | ner |
|---|---------|--|---|---------|---|--|--|-------|---|-------------------|--------------------|---|---|---|---|---------------------|--|--|
| (Last) (First) (Middle) CONNAUGHT HOUSE 1 BURLINGTON ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2013 | | | | | | | | below) below) SVP & CFO, Alkermes plc | | | | | |
| (Street) DUBLIN IRELAN | | | | | 4. | 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 | State) | (Zip) | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trai | | | | nsactio | action 2A. Dee Executi Day/Year) if any | | 2A. Deemed Execution Date, f any | | guired, Disposed of, or 3. Transaction Code (Instr.) 8. 4. Securities Ac Disposed Of (D. 18) | | s Acquired | (A) or | 5. Amount of Securities Beneficially Owned Following | | Form: Direct I (D) or Indirect E | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | on(s) | | | (Instr. 4) |
| Ordinary | Shares | | | 05/2 | 26/20 | 13 | | | M | | 2,125 | A | \$0 | 102 | 2,317 D | | | |
| Ordinary | Shares | | 05/26 | | 26/20 | 13 | | | F | | 1,003 | D | \$32.84 | 101,314 | | D | | |
| Ordinary | Shares | | | | | | | | | | | | | 4,0 | 4,000 I By 5 | | By Sons | |
| | | | Table II - | | | | | | | | osed of, o | | | Owned | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | Derivative I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | e | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | | | | | Expiration Date | Title | Amount or Number of Shares | | Transaction(s (Instr. 4) | | | |
| Restricted Stock Award | \$0 | 05/26/2013 | | | M | | | 2,125 | (1) | | (1) | Ordinary Shares | 2,125 | \$0 | 0 | | D | |
| Employee Stock Option (Right to Buy) | \$33.72 | 05/28/2013 | | | A | | 70,000 | | 05/28/2014 ⁽²⁾ | | 05/28/2023 | Ordinary Shares | 70,000 | \$0 | 70,000 | | D | |
| Restricted Stock Unit | \$0 | 05/28/2013 | | | A | | 10,000 | | 05/28/20 | 14 ⁽²⁾ | (2) | Ordinary Shares | 10,000 | \$0 | 10,00 | 00 | D | |

Explanation of Responses:

- 1. This award is fully vested in accordance with it's terms.
- 2. Vests in 4 equal annual installments beginning on 5/28/14.

/s/ Jennifer Baptiste, attorneyin-fact for James M. Frates

05/29/2013

** 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.