FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | UNID APPRO | VAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| | Estimated average burden | | | | | | | |
| l | hours per response: | 0.5 | | | | | | |

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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* MITCHELL PAUL J | | | | | | 2. Issuer Name and Ticker or Trading Symbol Alkermes plc. [ALKS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|---|--|--------------|-------------------------|-------|---|---|------|--|-----|-----------------|--------------------|---|---|--|---------------------------------------|--|--|--|--|
| | | | | | | | | | | | | | | X Directo | r | | 10% Ov | vner | | |
| (Last) | st) (First) (Middle) NNAUGHT HOUSE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2019 | | | | | | | | Officer (give title below) | | | Other (s below) | pecify | | |
| | | | | | | | | | | | | | | | | | | | | |
| 1 BURLINGTON ROAD | | | | | | | 4 If Amondment, Date of Original Filed (Month/Day/Mar-) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Stroot) | | | | | 4. " | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | | | | | | |
| (Street) DUBLIN 4 | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| IRELAND | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Non | n-Deriv | ative | e Se | curities | s Ac | quired, D | isp | osed of | f, or Ber | neficiall | y Owned | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Date, | | | Code (Instr. 5) | | | | 5. Amour Securitie Beneficia Owned F | s For ally (D) ollowing (I) (| | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code V | , | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | | |
| | | , | Table II - I | | | | | | uired, Dis , options | | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | xecution Date, To any C | | 4. Transaction Code (Instr. 8) | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | Amount of | | f s g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4) | e (es lially light) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | c | Code | v | (A) | | Date Exercisable | | expiration vate | Title | Amount or Number of Shares | | | | | | | |
| Non Qualified Stock Option (Right to Buy) | \$25.04 | 05/22/2019 | | | A | | 22,400 | | 05/22/2020 ⁽¹ | 0 | 5/22/2029 | Ordinary Shares | 22,400 | \$0 | 22,400 | 0 | D | | | |

Explanation of Responses:

1. This option becomes exercisable in full on 5/22/2020.

/s/ Jennifer Baptiste, attorneyin-fact for Paul J. Mitchell

** Signature of Reporting Person Date

05/23/2019

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.