FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

						Section	1 30(1	1) 01 1110	, 11146311	. HOHE C	Joinpany Act	01 1340							
1. Name and Address of Reporting Person* FRATES JAMES M						2. Issuer Name and Ticker or Trading Symbol Alkermes plc. [ALKS]								5. Relationship of Report (Check all applicable) Director			10% Owner		
	(Fi UGHT HOI INGTON R		(Middle)	1		3. Date of Earliest Transaction (Month/Day/Year) 12/03/2014								^ bel	cer (give title ow) SVP & CFC		Other (s below) rmes plc		
(Street) DUBLIN 4 IRELAND					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	tate)	(Zip)																
1. Title of Security (Instr. 3) 2. Tra			2. Transacti Date (Month/Day	ion	on 2A. De Execu Year) if any		Deemed cution Date,			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar		(A) or	5. A Sec Ben Owi	mount of urities eficially led Following	Form:	Direct Indirect I	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			[(Instr. 4)	
Ordinary Shares 12/			12/03/20	014)14			M ⁽¹⁾		8,000	A	\$14.9		85,162		D			
Ordinary Shares			12/03/20	014				S ⁽²⁾	П	8,000	D	\$55.7222	2(3)	77,162		D			
Ordinary	rdinary Shares														4,000		I 1	By Sons	
Ordinary Shares														57,000			By GRAT ⁽⁴⁾		
		7	Γable I						-	-	posed of, , converti	-	-	y Owne	d	<u>' </u>			
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/Yea	tion Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Do (Month/Day/ ^N		ate	7. Title at Amount Securitie Underlyin Derivativ (Instr. 3 a	of es ng re Security	8. Price Derivati Security (Instr. 5	derivative Securities	e C s F illy C	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						
Non Qualified Stock Option (Right to	\$14.9	12/03/2014			M ⁽¹⁾			8,000	(5	5)	12/17/2014	Ordinary Shares	8,000	\$0	8,870		D		

Explanation of Responses:

- 1. This option exercise was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. This sale was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 3. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$55.24 to \$56.15. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.
- 4. Shares held by James M. Frates Grantor Retained Annuity Trust dated March 14, 2014 (the "GRAT"). The Reporting Person is a trustee and beneficiary of the GRAT and may be deemed to hold voting and dispositive power with regard to the reported shares held by the GRAT.
- 5. These options are fully vested in accordance with their terms.

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

12/05/2014

** 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.