FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 | o |
|--|---|
| 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* Wilson Frank Anders | | | | | 2. Issuer Name and Ticker or Trading Symbol Alkermes plc. [ALKS] | | | | | | | ck all applica Director | able) | ing Person(s) to Issuer 10% Owner | | |
|--|---|--|---|---|---|-----------------------|--|--|--------------------|--|---|---|---|-----------------------------------|---|---------------------------------------|
| | (F UGHT HO NGTON R | | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2020 | | | | | | | Officer (below) | give title | Other (specify below) | | pecify |
| (Street) | 4 | | Ireland | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line) | dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transi Date | | | | ransactio | | | quired, Disposed of, or Benefic 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4) | | | (A) or | 5. Amoun | i ly | Form: Direct | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | Code V | | | Amount | (A) or (D) | Price | Transaction (Instr. 3 and | on(s) nd 4) | | " | (Instr. 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. Transaction Code (Instr. 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | Ov Fo Dii or (I) | vnership rm: rect (D) Indirect (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transactio (Instr. 4) | on(s) | | |
| Non Qualified Stock Option (Right to Buy) | \$16.85 | 05/20/2020 | | A | | 12,823 ⁽¹⁾ | | 05/20/2021 ⁽²⁾ | 05/20/2030 | Ordinary Shares | 12,823 | \$0 | 12,823 | 3 | D | |
| Restricted Stock Unit Award | \$0 | 05/20/2020 | | A | | 6,104 ⁽¹⁾ | | 05/20/2021 ⁽³⁾ | (3) | Ordinary Shares | 6,104 | \$0 | 6,104 | | D | |

- 1. This option and restricted stock unit award together represent 50% of the approved value of the non-employee director annual equity grant. The remaining portion of such grant has been delayed, and is subject to downward adjustment, due to the uncertainty posed by the COVID-19 pandemic.
- 2. This option becomes exercisable in full on 5/20/2021.
- 3. Shares subject to the restricted stock unit award vest in full on 5/20/2021.

/s/ Shantale Greenson, attorneyin-fact for Frank Anders Wilson

05/22/2020

** 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.