FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
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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]									5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Own					ner	
	(Firs JGHT HOU NGTON RC	SE	/liddle)		3. Da 10/0			Transa	action (Mo	onth/D	Day/Year)			X	X Officer (give title Other (specify below) SVP & CFO, Alkermes plc				
(Street) DUBLIN 4 IRELAND					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta		ip)									_							
1. Title of Security (Instr. 3) 2. Tra			2. Transa Date	saction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Amoun		es Form		Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership Instr. 4)	
									Code	v	Amount	(A) or (D)	r Pri	ce	Transact (Instr. 3 a	ion(s)			
Ordinary Shares			10/05/2015					A		5,000	A		\$ <mark>0</mark>	53,	,713		D		
Ordinary Shares			10/05	05/2015				F		2,356	D	\$5	59.77	51,	1,357		D		
Ordinary Shares														4,0	000		I I	By Sons	
Ordinary Shares														50,	,801			By 2014 GRAT ⁽¹⁾	
Ordinary Shares														41,	,423			By 2015 GRAT ⁽²⁾	
		Ta							-		sed of, onvertik			-	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transaction Code (Instr. 8)		n of l		6. Date Exercis. Expiration Date (Month/Day/Yea		Amount of		of s ng e Secu und 4)			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	ν	(A)		Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					
Performance Restricted	(3)	10/05/2015			A		5,000		(4)		(4)	Ordinary	5,0	00	\$0	5,000		D	

Explanation of Responses:

- 1. 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.
- 2. Shares held by the 2015 GRAT. The Reporting Person is a trustee and beneficiary of the 2015 GRAT and may be deemed to hold voting and dispositive power with regard to the reported shares held by the 2015 GRAT.
- 3. Each performance restricted stock unit represents a contingent right to receive one ordinary share of Alkermes plc.
- 4. Represents the earned but unvested portion of the performance restricted stock units granted to the reporting person on March 3, 2014. Fifty percent of the earned performance restricted stock units vested on October 5, 2015 and are included in Table I of this Form 4; the remaining fifty percent of the earned performance restricted stock units are included in Table II of this Form 4 and will vest on October 5, 2016. The performance restricted stock units were earned based on the Food and Drug Administration's approval of ARISTADA? (aripiprazole lauroxil).

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

10/07/2015

** 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.