FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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OMB APPROVAL 3235-0287 Estimated average burden

0.5

hours per response:

| | Check this box if no longer subject to | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | Section 16. Form 4 or Form 5 | | | | | | | | | |
| | obligations may continue. See | | | | | | | | | |
| | Instruction 1(b). | | | | | | | | | |

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | ee Instruction 1 | | | | 2 100 | euer N | ama a | nd Tick | or or Tr | ading | Symbol | | | 5 Pol- | ationehir | of Penorti | na Dera | eon(e) to le | eller | |
|--|---|--|---------|---------------------------------|--|---|--------|---|---|---|--------------------|--|--|--|---|--|---------|--|------------------------------------|--|
| Name and Address of Reporting Person* Nichols Christian Todd | | | | | 2. Issuer Name and Ticker or Trading Symbol Alkermes plc. [ALKS] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
| | | | | | | | | | | | | | | 1 | Office | er (give title | | Other (s | | |
| (Last) | Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/27/2024 | | | | | | | | | below) below) SVP, Chief Commercial Officer | | | | | |
| 900 WIN | NTER ST. | | | | 11/2 | .11202 | .4 | | | | | | | | SVP, | Cniei Coi | mmere | ciai Ome | er | |
| (Street) | | | | | 4. If / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| , | WALTHAM MA 02451 | | | | | | | | | | | | V | , | | | | | | |
| | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | (State) (Zip) | | | | | | | | | | | | | . 0.00 | | | | | |
| | | Table | I - Noi | n-Deriva | ative \$ | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | cially | / Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Securi Benefi Owned | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | се | Transa | Reported Fransaction(s) Instr. 3 and 4) | | | (Instr. 4) | | |
| Ordinary Shares 11/27/2 | | | | | :024 | | | S ⁽¹⁾ | | 5,208 | D | \$2 | 29.15 | 60,703 | | | D | | | |
| | | Tal | | | | | | | , | | osed of, convertib | | | • | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | | | 6. Date Exerci Expiration Dar (Month/Day/Yo | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficia Ownersh (Instr. 4) | |
| | | | | | | | | | | | | | Amour | nt | | | - 1 | | | |

Explanation of Responses:

 $1.\ This\ sale\ was\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ 8/23/2024.$

/s/ Shantale Greenson, attorney-in-fact for Christian

Todd Nichols

11/27/2024

** 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.