| SEC | Form | 4 |
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| FORM 4 |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

IGES IN BENEFICIAL OWNERSHIP

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

| - 1 | - | - |
|-----|---------------------|-----------|
| | OMB Number: | 3235-0287 |
| | Estimated average I | burden |
| | hours per response: | . 0.5 |

| 1. Name and Address o FRATES JAME (Last) (I TREASURY BUIL LOWER GRAND (| <u>S M</u> =irst) DING | (Middle) | | 2. Issuer Name and Ticker or Trading Symbol <u>Alkermes plc.</u> [ALKS] 3. Date of Earliest Transaction (Month/Day/Year) 09/16/2011 | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) SVP & CFO, Alkermes plc | | | | | | | |
|---|------------------------------|----------|--|---|---|---------------------|-------------------|-----------|--------|----------|-------|--|----------|---|-----|---|--|--|--|
| (Street) DUBLIN 2 (City) (S | State) | (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | n | | | |
| 1. Title of Security (Instr. 3) (Month/C | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Trans Code | action (Instr. | 4. Securi | ties A | Acquired | - | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| 1. Title of 2. | 3. Transaction | | | | curities Acqu Is, warrants, 5. Number of (| optio | ns, c | onverti | ble | | ties) | wned | 9. Numbe | er of | 10. | 11. Nature | | | |

| 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. Transa Code (8) | | 5. Numbo Derivativ Securitie Acquired or Dispo of (D) (In 3, 4 and | ve es I (A) sed str. | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title an of Securit Underlyin Derivative (Instr. 3 ar | ies g Security | 8. Price of Derivative Security (Instr. 5) | Derivative Security Instr. 5) Beneficially Owned Following Reported | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|----------------------------------|--|--------------------|--|-------------------------------------|---|---|---|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Employee Stock Option (Right to Buy) | \$18.105 | 09/16/2011 | | А | | 100,000 | | (1) | 05/20/2021 | Common Stock | 100,000 | (2) | 100,000 | D | |
| Restricted Stock Unit Award | \$0 | 09/16/2011 | | A | | 15,000 | | (1) | (1) | Common Stock | 15,000 | (3) | 15,000 | D | |

Explanation of Responses:

1. Vests in 4 equal annual installments beginning on 5/20/12.

2. Received in exchange for, and having substantially the same terms as, stock options of Alkermes, Inc. common stock in connection with the Merger.

3. Received in exchange for, and having substantially the same terms as, restricted stock unit awards of Alkermes, Inc. common stock in connection with the Merger.

Remarks:

Form 2 of 2

/s/ Jennifer Baptiste, attorney-09/20/2011

in-fact for James M. Frates ** 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.