1. Name and Address of Reporting Person*  
**GREY MICHAEL G**  
(Last) (First) (Middle)  
C/O HORIZON PHARMA, INC.  
1033 SKOKIE BLVD., SUITE 355  
NORTHBROOK IL 60062  

2. Issuer Name and Ticker or Trading Symbol  
**HORIZON PHARMA, INC. [HZNP]**

3. Date of Earliest Transaction (Month/Day/Year)  
**09/29/2011**

4. If Amendment, Date of Original Filed (Month/Day/Year)  

5. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)  
X Director  
10% Owner  
Officer (give title below)  
Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)  
X Form filed by One Reporting Person  
Form filed by More than One Reporting Person

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Code</th>
<th>V</th>
<th>Amount (A)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>10,530</td>
<td>(1)</td>
<td>$7.48</td>
</tr>
</tbody>
</table>

Non-qualified stock options  
$7.48  
09/29/2011  
A  
10,530  
(1)  
09/28/2021  
common stock  
10,530  
0.0  
10,530  
D

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Code</th>
<th>V</th>
<th>Amount (A)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>10,530</td>
<td>(1)</td>
<td>09/28/2021</td>
<td>common stock</td>
<td>10,530</td>
<td>$0.0</td>
</tr>
</tbody>
</table>

Explanation of Responses:  
1. The options vest and become exercisable on a monthly basis during the first three years following the grant date.

/s/ Robert J. De Vaere,  
Attorney-In-Fact  
10/03/2011

**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).  
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.