1. Name and Address of Reporting Person*
   McHugh Miles W
   (Last) (First) (Middle)
   C/O HORIZON THERAPEUTICS PLC
   CONNAUGHT HOUSE, 1ST FL, 1 BURLINGTON RD
   DUBLIN L2 4

2. Issuer Name and Ticker or Trading Symbol
   Horizon Therapeutics Public Ltd Co [ HZNP ]

3. Date of Earliest Transaction (Month/Day/Year)
   01/03/2020

4. If Amendment, Date of Original Filed (Month/Day/Year)
   01/07/2020

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   Director
   10% Owner
   X Officer (give title below)
   Sr VP & Princ. Acctg Officer

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>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted Stock Units (RSU)</td>
<td>A</td>
<td>01/03/2020</td>
<td>(1)</td>
<td>17,416(2)</td>
<td>17,416(2)</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. Each RSU represents a contingent right to receive one ordinary share of the Issuer.
2. This amendment is being filed to correct the number of Ordinary Shares subject to the RSU's, which was incorrectly stated on the original Form 4 filing.
3. The RSU's vest 1/3rd annually on each anniversary of January 5, 2020.

Remarks:
/s/ Miles W. McHugh
01/10/2020
** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned direct 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.