1. Name and Address of Reporting Person*  
   **SANTINI GINO**  
   (Last) (First) (Middle)  
   C/O HORIZON PHARMA, INC.  
   520 LAKE COOK ROAD, SUITE 520  
   DEERFIELD IL 60015

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

3. Date of Earliest Transaction (Month/Day/Year)  
   03/06/2012

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>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. 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>Non-qualified stock options</td>
<td>$3.33</td>
<td>03/06/2012</td>
<td>A</td>
<td>10,530</td>
<td>10,530</td>
<td>D</td>
<td>V</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(1)</td>
<td>03/05/2022</td>
<td>common stock</td>
<td>$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  
03/08/2012

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.