1. Name and Address of Reporting Person

Beeler Brian K

1. (Last) 2. (First) 3. (Middle)

C/O HORIZON THERAPEUTICS PLC
CONNAUGHT HOUSE, 1ST FL, 1 BURLINGTON RD
DUBLIN L2

2. Issuer Name and Ticker or Trading Symbol

Horizon Therapeutics Public Ltd Co [ HZNP ]

5. Relationship of Reporting Person(s) to Issuer

Officer (give title below)
EVP, General Counsel

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

04/29/2020

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

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. 5)</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>Ordinary Shares</td>
<td>04/29/2020</td>
<td></td>
<td></td>
<td>S^(1)</td>
<td>15,880</td>
<td>D</td>
<td>$35.02^(2)</td>
</tr>
</tbody>
</table>

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

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 16, 2020.

2. The reported price in Column 4 is a weighted average price, and includes 10,589 shares sold at $35.01 and 5,291 shares sold at $35.0538.

Remarks:

/s/ Miles W. McHugh,
Attorney-in-Fact
04/30/2020

** Signature of Reporting Person

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.