

JAZZ PHARMACEUTICALS INC
 Form 4
 April 07, 2008

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
 BRIDGER MANAGEMENT LLC

2. Issuer Name and Ticker or Trading Symbol
 JAZZ PHARMACEUTICALS INC
 [JAZZ]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

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

____ Director
 ____ Officer (give title below)
 10% Owner
 ____ Other (specify below)

90 PARK AVENUE,, 40TH FLOOR

04/03/2008

(Street)

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

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

NEW YORK, NY 10016

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)	
				(A) or (D)	Price			
				Code	V	Amount		
Common Stock, par value \$\$.0001 per share	04/03/2008		P	A	7,449	\$ 8.75	2,615,278	I <u>(1)</u> <u>(2)</u> <u>(3)</u> <u>(4)</u> See footnotes <u>(1)</u> <u>(2)</u> <u>(3)</u> <u>(4)</u>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474 (9-02)

Edgar Filing: JAZZ PHARMACEUTICALS INC - Form 4

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

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Transaction (Instr. 5)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BRIDGER MANAGEMENT LLC 90 PARK AVENUE, 40TH FLOOR NEW YORK, NY 10016		X		
MIGNONE ROBERTO 90 PARK AVENUE, 40TH FLOOR NEW YORK, NY 10016		X		
BRIDGER CAPITAL LLC 90 PARK AVENUE 40TH FLOOR NEW YORK, NY 10016		X		
SWIFTCURRENT PARTNERS 90 PARK AVENUE, 40TH FLOOR NEW YORK, NY 10016		X		
SWIFTCURRENT OFFSHORE LTD 90 PARK AVENUE, 40TH FLOOR NEW YORK, NY 10016		X		

Signatures

Bridger Management, LLC By: /s/ Roberto Mignone, Managing Member

04/07/2008

_____*Signature of Reporting Person

Date

/s/ Roberto Mignone

04/07/2008

Edgar Filing: JAZZ PHARMACEUTICALS INC - Form 4

<u>Signature of Reporting Person</u>	Date
Bridger Capital, LLC By: /s/ Roberto Mignone, Managing Member	04/07/2008
<u>Signature of Reporting Person</u>	Date
Swiftcurrent Partners, L.P. By: /s/ Roberto Mignone, Managing Member of General Partner	04/07/2008
<u>Signature of Reporting Person</u>	Date
Swiftcurrent Offshore, Ltd. By: /s/ Roberto Mignone, Managing Member of Investment Manager	04/07/2008
<u>Signature of Reporting Person</u>	Date

Explanation of Responses:

* 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).

(1) The shares of the Issuer's Common Stock, par value \$.0001 per share (the "Shares") reported herein as indirectly beneficially owned by Bridger Management, LLC ("Bridger" or "Investment Manager") are directly beneficially owned by Swiftcurrent Partners, L.P. and Swiftcurrent Offshore, Ltd., over which Bridger shares investment control. For such reason, Bridger may be deemed to beneficially own such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended ("Section 16").

(2) The Shares reported herein as indirectly beneficially owned by Roberto Mignone ("Mr. Mignone") are directly beneficially owned by Swiftcurrent Partners, L.P. and Swiftcurrent Offshore, Ltd., over which Mr. Mignone shares investment control. For such reason, Mr. Mignone may be deemed to beneficially own such securities for purposes of Section 16.

(3) The Shares reported herein as indirectly beneficially owned by Bridger Capital, LLC are directly beneficially owned by Swiftcurrent Partners, L.P. of which Bridger Capital, LLC is the General Partner. For such reason, Bridger Capital, LLC may be deemed to beneficially own such securities for purposes of Section 16.

(4) Each reporting person and entity named herein disclaims beneficial ownership of the reported securities except to the extent of his or its pecuniary interest therein and this report shall not be deemed an admission that the reporting person or any entity named herein is the beneficial owner of the securities for purposes of Section 16, or for any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.