Edgar Filing: Nicholson C. David - Form 4

Nicholson C	C. David										
Form 4											
April 05, 20	18										
FORM	ΠΔ								OMB AF	PROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287	
Check th							Expires:	January 31,			
if no lon subject t	- \\\\\	EMENT O	F CHAN	NGES IN BENEFICIAL OWN				NERSHIP OF	Estimated average		
Section				SECURITIES					burden hours per		
Form 4 of	or								response	0.5	
Form 5	Filed p	ursuant to	Section 1	6(a) of th	e Securi	ties H	Exchange	e Act of 1934,			
obligation may con		7(a) of the	Public U	tility Hol	ding Co	npan	y Act of	1935 or Section	ı		
See Instr 1(b).		30(h)) of the Ir	ivestment	Compa	ny Ao	ct of 194	0			
(Print or Type	Responses)										
1 Name and	Address of Deportion	a Dansan *						5 Deletionship of	Danastina Dasa	$e^{2\pi i \alpha}$	
1. Name and Address of Reporting Person <u>*</u> Nicholson C. David				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			•	Symbol Allergan plc [AGN] 3. Date of Earliest Transaction				(Check all applicable)			
			Anerga								
CL ONGLA		a a		Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify			
				4/03/2018				below)	below)		
	HNOLOGY PA	ARK,						Chief	R&D Officer		
COOLOCK	x, co.										
	(Street)		4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
File			Filed(Mo	Filed(Month/Day/Year)				Applicable Line)			
								X Form filed by O Form filed by M			
DUBLIN,,	L2 D17 E400							Person	ore than one Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities Acqu	uired, Disposed of	or Beneficial	ly Owned	
1.Title of	2. Transaction Da	ate 2A. Deer	med	3.	4. Securi			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Yea	n Date, if					Securities	Ownership	Indirect		
(Instr. 3)		any (Month/I	Dou/Voor)	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				Beneficially Owned	Form: Direct Benefic (D) or Owners	Beneficial Ownership	
		(MOIUNI)	Jay/ Teal)	(11150. 0)				Following	Indirect (I)	(Instr. 4)	
						(•)		Reported	(Instr. 4)	(
						(A) or		Transaction(s)			
				Code V	Amount		Price	(Instr. 3 and 4)			
Ordinary						. ,					
Shares, par	04/02/2010			Б	071	D	\$	17.257(1)	D		
value	04/03/2018			F	871	D	164.74	17,357 <u>(1)</u>	D		
\$0.0001											

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.

Edgar Filing: Nicholson C. David - 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. Transactic Code (Instr. 8)	ionNumber Expiration of (Month/I			and 7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Do Security Se (Instr. 5) Be Ov Fo Re Tr	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
FB	Director	10% Owner	Officer	Other				
Nicholson C. David CLONSHAUGH BUSINESS AND TECHNOLOGY PARK, COOLOCK, CO. DUBLIN,, L2 D17 E400			Chief R&D Officer					
Signatures								
/s/ A. Robert D. Bailey, Attorney-in-Fact	04/05/	2018						
**Signature of Reporting Person	Date	e						
Explanation of Responses:								

Е u nespuises.

- * 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).
- Includes restricted shares issued pursuant to the 2013 Incentive Award Plan of Allergan plc. (1)

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

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.