FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 3, | OMB APP | OMB APPROVAL | | | | |
|---------------------------|-------------|--------------|--|--|--|--|
| S IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-02 | | | | |

| | • | OMB APPROVAL | | |
|---|--|--------------------------|-----------|--|
| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | |
| Section 16. Form 4 or Form 5 | OTATEMENT OF OTHEROES IN BEITE TOME OWNEROUN | Estimated average burden | | |
| obligations may continue. See Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | hours per response: | 0.5 | |
| mondonom I(b). | or Section 30(h) of the Investment Company Act of 1940 | <u>i-</u> | | |

| 1. Name and Address of Reporting Person* Norton David Y | | | | | | 2. Issuer Name and Ticker or Trading Symbol Mallinckrodt plc [MNK] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | |
|---|--|---------|-------|---|---|--|---|-----------------------------|--------------------------------------|---|--|-------|---|--|---|---|---|----------|
| (Last) (First) (Middle) 675 MCDONNELL BLVD. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/20/2017 | | | | | | | | | | fficer (give title elow) | Othe belov | r (specify v) | | |
| (Street) HAZELWOOD MO 63042 | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable te) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (9 | tate) (| Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | rities Acquired (A ed Of (D) (Instr. 3, | | (A) or 3, 4 a | nd Sec Ber Ow | mount of urities reficially ned Following ported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tra | nsaction(s) tr. 3 and 4) | | (1130.4) |
| Ordinary Shares 09/ | | | | 09/2 | 9/20/2017 | | | | A | | 5,601 ⁽¹⁾ A | | \$ | 5,601 | | D | | |
| | 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) if any (Month/Day/Year) (Month/Day/Year) | | | | Date, | 4. Transaction Code (Instr. 8) | | n of Deriv | or osed o) r. 3, 4 | | | e Amount of | | str. 3 | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber ires | | | | |

Explanation of Responses:

1. Consists of restricted stock units that vest in their entirety as of March 1, 2018. The restricted stock units settle in ordinary shares upon vesting.

This Form 4 constitutes a notice to the Issuer for purposes of Part V of the Companies Act 2014.

/s/ Stephanie D. Miller, 09/22/2017 Attorney-in-Fact

** 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).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.