FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	
-------------	------------	--

Washington, D.C.	20549
------------------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per response	0.5									

obligations may of Instruction 1(b).	continue. See	Filed pu	ed pursuant to Section 16(a) of the Securities Exchange Act of 1934									hours per response:				
					tion 30(h) of the Inv						-					
Name and Address of Reporting Person* Wheeler Wesley					er Name and Ticker inckrodt plc		-	ymbol		ationship of Rek all applicable	Reporting Person(s) to Issuer ble)					
Wheeler wes	<u>16 y</u>		⊢	1 2 1							Director	tor		10% Owner		
(Last)	(First)		3. Date of Earliest Transaction (Month/Day/Year) 02/19/2024							Officer (given below)	e title	Other below	(specify)			
675 MCDONNELL BLVD.					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)										X	Form filed by One Reporting Person			son		
HAZELWOOD	MO								Form filed by More than One Reporting Person			oorting				
(City)	(State)	F	Rule 10b5-1(c) Transaction Indication													
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table I - Nor	-Derivati	ve Se	ecurities Acqu	ıired,	Disp	oosed of, o	r Ben	eficially	Owned					
Date			2. Transaction Date (Month/Day/	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			5. Amount of Securities Beneficially Owned Follo	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price	Reported Transaction(s (Instr. 3 and 4			(Instr. 4)		
		Table II -	Derivative	e Sec	urities Acqui	red, D	ispo	sed of, or	Benef	icially C	Owned		· · · · · · · · · · · · · · · · · · ·			

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	(1)	02/19/2024		A			8,207	(2)	(2)	Ordinary Shares	8,207	\$0.00	8,207	D	

Explanation of Responses:

- 1. Upon vesting, each restricted stock unit (the "RSU") will be settled in ordinary shares of the issuer at one share per RSU.
- 2. The RSUs will vest ratably on each of the first three anniversaries of January 1, 2024.

Remarks:

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

/s/ Mark Tyndall, Attorney-in-

02/20/2024

Fact

** Signature of Reporting Person

Date

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.