FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average b | ourden | | | | | | | |

0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol Mallinckrodt plc [MNK] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--------|--------------|----------------|---------|--|--|--|--|---------|--|---|----------|---|----------|---|---|---|---|--|------------|--|
| Reasons Bryan M. | | | | | Ma | | | | | | | | | | Check | Direc | tor | | 10% C | | |
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/07/2019 | | | | | | | | | X | Officer (give title below) EVP & Cl | | | Other (specify below) | | |
| (Street) HAZELV (City) | VOOD M | MO State) | 63042 (Zip) | | Line) X Form fil | | | | | | | | r Joint/Group Filing (Check Applicable n filed by One Reporting Person n filed by More than One Reporting on | | | | | | | | |
| | | Ta | ole I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Executio | | Date, | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and 5) Sec Ben Owr | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or)) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | |
| Ordinary Shares 06/07 | | | | 2019 | | P | | 5,400 | A \$8. | | \$8.9 | 599 | 9 17,979 | | D | ١ | | | | | |
| | | | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | | | on Date, | | Transaction Of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5) | | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | nt er | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Dire or In (I) (II | ership n: ct (D) direct nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

/s/ Stephanie D. Miller, 06/07/2019 Attorney-in-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.