FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | | | | |
|--------------------------|---------------------------------------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |
| | OMB Number: Estimated average burd | | | | | | | |

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* <u>CARROLL J MARTIN</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Mallinckrodt plc [MNK] | | | | | | | | | 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) 11/26/2013 | | | | | | | | | | er (give title | Oth | er (specify ow) | |
| (Street) HAZELV (City) | | MO (Stat | | 53042 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Line) X Form filed by One Report Form filed by More than O | | | | | | | | | e Reporting F | erson | | |
| | | | Tabl | e I - No | on-Deriv | ative | Sec | curitie | s Ac | quired | l, Dis | sposed o | f, or E | Benef | icially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Disposed O | | | | | | Secur Benef | icially d Following | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pric | | ce | Trans | action(s) 3 and 4) | | (11150.4) | |
| Ordinary | Shares | | | | 11/26/ | 2013 | | | | P | | 2,000 | A | \$ | 51.27 ⁽¹⁾ | | 5,034 D | | |
| | | | Та | ble II - | | | | | | | | osed of, convertib | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Diff any (Month/Day/Year) | | on Date, | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instrance and 5 | rities ired r osed) : 3, 4 | 6. Date Expirati (Month/ | ion Da Day/Y | | r) Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of | | Der Sec (Ins | rice of ivative surity tr. 5) | 9. Number of derivative Securities Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) | | |

Explanation of Responses:

1. The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$50.90 to \$51.59, inclusive. The reporting person undertakes to provide to Mallinckrodt plc, any security holder of Mallinckrodt plc, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each price within the range.

> /s/ Miriam Rogers Singer, 11/27/2013 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.