FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		

	OMB Number:	3235-0287								
	Estimated average burden									
-	hours nor resnance.	0.5								

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*  BAILEY DON M						2. Issuer Name <b>and</b> Ticker or Trading Symbol Mallinckrodt plc [ MNK ]								Relationship eck all appli X Direct	cable)	g Pers	on(s) to Issu 10% Ow	
(Last)	(F OONNELL	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/13/2015									Officer (give title below)		Other (s below)	pecify
(Street) HAZELW	VOOD M	10	63042		_   4.	4. If Amendment, Date of Original Filed (Mor						y/Year)	Line	6. Individual or Joint/Group Filing (Check Application)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)															
1. Title of Security (Instr. 3) 2. Trans		2. Transa	ction	tion 2A. Deemed Execution Da		ned n Date,	3. Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following		Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Ordinary Shares			02/13/	/2015	2015					33,891	A	\$10.73	3 17	0,496		D		
Ordinary Shares 02/1			02/13/	/2015	)15		S <sup>(1)</sup>		12,091	D	\$114.2	<sup>2)</sup> 15	8,405	D				
Ordinary Shares 02/13/2			/2015	)15		S <sup>(1)</sup>		21,800	D	\$114.87	13	136,605		D				
		-	Table II								posed of, convertil			Owned				
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transa Code ( 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		te Amount of		of s ng e Security	8. Price of Derivative Security (Instr. 5)		Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					
Stock Options (Rights to Buy)	\$10.73	02/13/2015			M <sup>(1)</sup>			33,891	(4)	)	02/16/2021	Ordinary Shares	33,891	\$0	0		D	

## Explanation of Responses:

- 1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on November 26, 2014.
- 2. This represents the weighted average price paid for the shares. The shares were sold at prices ranging from \$113.51 to \$114.50, inclusive. Mr. Bailey will provide, upon request of the SEC staff, Mallinckrodt plc, or a shareholder of Mallinckrodt plc complete information regarding the number of shares sold at each price within the ranges set forth in footnotes (2) (3) to this Form 4.
- 3. This represents the weighted average price paid for the shares. The shares were sold at prices ranging from \$114.51 to \$115.37, inclusive.
- 4. Represents options to purchase shares of Questcor Pharmaceuticals, Inc. that were converted into options to purchase ordinary shares of Mallinckrodt plc pursuant to the Agreement and Plan of Merger, dated as of April 5, 2014, by and among Mallinckrodt plc ("Mallinckrodt"), Questcor Pharmaceuticals, Inc. ("Questcor") and Quincy Merger Sub, Inc. All unvested options were accelerated on August 14, 2014 in connection with the acquisition of Questcor by Mallinckrodt.

## Remarks:

/s/Peter G. Edwards, Attorney-02/17/2015 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.