FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 4 11   |   |         | 5 *   |           |                                      | 2 10  | CULOR  | Nama :  | and Ticl            | ker or Tra  | dina 9 | Symbol                                     |   |           | 5                                     | Dolati  | onchin  | of Denortin   | a Dercon(c)                 | to lee   | tuer        |  |
|--|---|---------|-------|-----------|--------------------------------------|-------|--|---------|---------------------|---|--------|--|---|-----------|---------------------------------------|---|---|---|-----------------------------|--|-------------|--|
| 1. Name and Address of Reporting Person* <u>Harbaugh Matthew K</u> |   |         |       |           |                                      |       | 2. Issuer Name and Ticker or Trading Symbol  Mallinckrodt plc [ MNK ]                                |         |                     |   |        |  |   |           |                                       | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |   |                             |  |             |  |
|  |   |         |       |           |                                      |       |  |         |                     |   |        |  |   |           |                                       |   | Directo   |   |                             | % Ov   |             |  |
|  |   |         |       |           |                                      | 3 [   | Date of Earliest Transaction (Month/Day/Year)  |         |                     |   |        |  |   |           |                                       | X   | Officer<br>below  | r (give title<br>)  |                             | ner (s<br>low)   | specify     |  |
| (Last)   |   | (First) | ,     | Middle)   |                                      |       | 12/01/2015   |         |                     |   |        |  |   |           |                                       |   | ,   | ,   | & CFO                       | - /  |             |  |
| 675 MCDONNELL BLVD.  |   |         |       |           |                                      |       |  |         |                     |   |        |  |   |           |                                       |   |   |   |                             |  |             |  |
|  |   |         |       |           |                                      |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |         |                     |   |        |  |   |           |                                       | 6. Individual or Joint/Group Filing (Check Applicable Line)             |   |   |                             |  |             |  |
| (Street)   | VOOD  | MO      | C     | 20.42     |                                      |       |  |         |                     |   |        |  |   |           |                                       | ne)<br>X  | un.   |   |                             |  |             |  |
| HAZELWOOD MO 63042   |   |         |       |           |                                      |       |  |         |                     |   |        |  |   | , , ,     |                                       |   |   |   |                             |  |             |  |
| (City) (State) (Zip)   |   |         |       |           |                                      |       |  |         |                     |   |        |  |   |           |                                       |   | Form filed by More than One Reporting<br>Person   |   |                             |  |             |  |
| (City)   |   | (State) | ) (2  | -ih)      |                                      |       |  |         |                     |   |        |  |   |           |                                       |   |   |   |                             |  |             |  |
|  |   |         | Table | e I - Noi | n-Deriv                              | ative | Se   | curitie | es Ac               | quired,   | Dis    | posed o                                    | f, or   | Ben       | eficia                                | lly C   | wne   | d   |                             |  |             |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)      |   |         |       |           |                                      | ur) E | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  |         | Code (              | Transaction Disposed Code (Instr. 5)  |        | ties Acquired (A)<br>d Of (D) (Instr. 3, 4 |   |           | 4 and Sec<br>Ben                      |   | ially<br>Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |                             | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |             |  |
|  |   |         |       |           |                                      |       |  |         |                     |   | v      | Amount                                     | (A<br>(D  | ) or<br>) | Price                                 | 1   | Transaction(s)<br>(Instr. 3 and 4)  |   |                             |  | (111341. 4) |  |
| Ordinary Shares 12/01/.  |   |         |       |           |                                      |       |  | 2015    |                     | F   |        | 1,009                                      |   | D         | \$71.48                               |   | 46,190(1)   |   | D                           |  |             |  |
|  |   |         | Та    |           |                                      |       |  |         |                     |   |        | sed of,<br>onvertib                        |   |           |                                       | y Ow  | ned   |   |                             |  |             |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                | ivative Conversion Date Execution or Exercise (Month/Day/Year) if any |         |       | Date,     | 4.<br>Transaction<br>Code (Instr. 8) |       | of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |         | Expiration (Month/D | Contact    Date    Expiration Date   (Month/Day/Year)  Date    Expiration Date    Exercisable    Date    Date |        |  | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Number of Title Shares |           | 8. Pric<br>Deriva<br>Secur<br>(Instr. | ative ity 5   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners<br>Form:<br>Direct (<br>or Indir<br>(I) (Inst              | nip (<br>I<br>D) (<br>ect ( | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |             |  |

## Explanation of Responses:

1. Includes 206 shares acquired between June 4, 2015 and November 9, 2015, under the Mallinckrodt employee stock purchase plan.

## Remarks:

/s/Kenneth L. Wagner, Attorney-in-Fact 12/02/2015

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- $^{\star}$  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.