FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF C | HANGES | IN BE | NEFICIAL | OWNERS | HIP |
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| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| 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

| Name and Address of Reporting Person* Richardson Peter C | | | | | 2. Issuer Name and Ticker or Trading Symbol Mallinckrodt plc [MNK] | | | | | | | | elationship o eck all applica Director | able) | g Pers | 10% Ow | ner | |
|---|---------------|-------------|-------------|--|--|---|--|-----------------------------|---|----------------------|---|--|---|--|--|--------------------|--|--|
| (Last) 675 MCI | (F DONNELL | irst) BLVD. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023 | | | | | | | below) | (give title & Chief S | Scient | Other (s below) | | |
| (Street) HAZELV | WOOD M | 10 | 63042 | | 4. | If Ame | endment, [| Date o | of Original I | iled | (Month/Da | ay/Year) | Line | Y Form fil | ed by One | e Repo | (Check App rting Person One Report | |
| (City) | 3) | state) | (Zip) | | | 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. | | | | | | | | | | | | |
| | | | ble I - Nor | | | | | | | Dis | _ | • | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month) | | | | action 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. 5) | | red (A) or str. 3, 4 and | 5. Amoun Securities Beneficia Owned Fo Reported | s Ily ollowing | Form (D) or | : Direct I r Indirect I str. 4) | 7. Nature of ndirect Beneficial Dwnership Instr. 4) | | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or Price | Transaction(s) (Instr. 3 and 4) | | | | msu. 4) | | |
| | | | Table II - | | | | | | uired, D s, option | | | | | Owned | | | | |
| 1. Title of Derivative Conversion or Exercise (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Execution Date, if any (Month/Day/Year) | | ate, | | ransaction Derivative ode (Instr. Securities | | re es d (A) sed str. | Expiration Date of (Month/Day/Year) UI | | 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) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Restricted Stock Units | (1) | 04/03/2023 | | | A | | 127,861 | | (2) | | (2) | Ordinary Shares | 127,861 | \$0 | 127,80 | 61 | D | |

Explanation of Responses:

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

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-

** Signature of Reporting Person

04/05/2023

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.