FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| stilligton, D.C. 20549 | OMB APPROVAL | | | | | |
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| CEC IN DENECICIAL OWNEDCHID | OMB Number: | 3235-0287 | | | | |

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB Number: 3235-6

Estimated average burden 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) |

| | | | | | Of S | secu | 1011 30(11) | or the n | ivesine | III COI | npany Act | OI IS | 940 | | | | | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------|------|----------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|----------|-------------------------------------------------------------|----------------------------|---------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| 1. Name and Address of Reporting Person* <u>Harbaugh Matthew K</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Mallinckrodt plc [MNK] | | | | | | | | | | k all app Dired | olicable) ctor | | Owner | |
| (Last) 675 MCI | (F DONNELL | , | Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2019 | | | | | | | | | X | Offic below | , | | Other (specify below) Spec Gen | | |
| (Street) HAZELV (City) | | | 53042 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | n-Deriva | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Be | enefi | cially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pr | ice | Transaction(s) (Instr. 3 and 4) | | | (111501.4) |
| Ordinary Shares 0 | | | | 01/03/ | 1/03/2019 | | | | F | | 1,180 | | D | \$ | 16.14 | 10 | 07,304 | D | |
| Ordinary | Shares | | | 01/04/ | 2019 | | | | F | | 656 | | D | \$ | \$17.21 106,648 D | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | of | | xercis on Dat Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Sec (Ins | rice of ivative urity tr. 5) | vative derivative urity Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Date Exercisable

Expiration Date

Explanation of Responses:

Remarks:

/s/ Stephanie D. Miller, Attorney-in-Fact 01/07/2019

** Signature of Reporting Person Date

Number

of Shares

Title

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

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.

 $^{^{\}star}$ 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).