FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIA | L OWNERSHIP |
|------------------|------------|----------------|-------------|

| | OMB APPRO | OVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | en |
| l | 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

| 1. Name and Address of Reporting Person* <u>CARROLL J MARTIN</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Mallinckrodt plc [MNK] | | | | | | | | | | all app | onship of Reporting Pe Il applicable) Director Officer (give title below) | | Person(s) to Issuer 10% Owner | | |
|--|--|---------------|--|--|-----------------|--|-----------------------------|----------------------------------|----------|---|--------------------------|---------------------|---|------------|-----------------------|--|---|---|---|--------------------------|--|
| (Last) (First) (Middle) 675 MCDONNELL BLVD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2016 | | | | | | | | | | | | | Other (specify below) | | |
| (Street) HAZELV (City) | VOOD | MO (Stat | | 53042 Zip) | | 4. If | Ame | | | | | | | | . Indivi ine) X | idual 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-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | | Execution Date, | | | | Disposed | ities Acquired (A) o d Of (D) (Instr. 3, 4 a | | | and Securi | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | Code | v | Amount | (A (D |) or)) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (11150.4) |
| Ordinary Shares 03/10 | | | | | 03/16/ | /2016 | 2016 | | | | | 4,041 |) A S | | \$ | 0 | 13,957 | |] |) | |
| Ordinary Shares 03/16 | | | | | 03/16/ | /2016 | | | | F | | 458 | | D \$55 | | 5.69 1 | | 13,499 | |) | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversi or Exerci Price of Derivativ Security | on D se (N | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | of | | Exercision Dat Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Insti | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Exercisa | Date Expirat Exercisable Date | | Title | or | ount nber res | | | | | | | | | |

Explanation of Responses:

1. Consists of restricted stock units that vest in their entirety as of the earlier of (a) March 16, 2017 or (b) the date of the Company's 2017 Annual General Meeting. The restricted stock units settle in ordinary shares upon vesting.

Remarks:

/s/Kenneth L. Wagner, Attorney-in-Fact

03/18/2016

directly

** 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.