AMARIN CORP PLC\UK

Form 4 January 04, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 2005

OMB APPROVAL

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if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction 30(h) of the Investment Compa

1(b).

(Print or Type Responses)

1 Name and Address of Departing Da

may continue.

			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	AMARIN CORP PLC\UK [AMRN]										
(Last)	(First)	(Middle)	3. Date of Earliest Transaction								
			(Month/D	ay/Year)				_X_ Director		Owner	
C/O AMARIN PHARMA, 12				12/31/2015				_X_ Officer (give below)	re title Otho below)	er (specify	
INC., 1430 I	ROUTE 206							· · · · · · · · · · · · · · · · · · ·	sident and CEO		
	(Street)		4. If Amer	ndment, Dat	te Original			6. Individual or J	oint/Group Filir	ng(Check	
			Filed(Mon	th/Day/Year)				Applicable Line) _X_ Form filed by	One Reporting Pe	erson	
BEDMINST	ER, NJ 07921								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	quired, Disposed o	of, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	ate 2A. Dee	emed	3.	4. Securiti	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea		on Date, if		n(A) or Dis	sposed	of	Securities	Form: Direct	Indirect	
(Instr. 3)		any	/D /W)	Code	(D)	1 1 5	-\	Beneficially	(D) or	Beneficial	
		(Month/	Day/Year)	(Instr. 8)	(Instr. 3, 4	and 3))	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	(111311. 4)	(111311. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Ordinary					37,500		11100				
Shares (1)	12/31/2015			M	(2)	A	<u>(3)</u>	379,400	D		

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

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 control number.

SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	nsactiorDerivative le Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. F Der Sec (Ins
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0 (4)	12/31/2015		M		37,500	(2)	(3)	Ordinary Shares	37,500	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
THERO JOHN F C/O AMARIN PHARMA, INC. 1430 ROUTE 206 BEDMINSTER, NJ 07921	X		President and CEO					
Signatures								

/s/ Michael Farrell, by power of 01/04/2015 attorney

> **Signature of Reporting Person Date

Explanation of Responses:

- 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).
- (1) The Ordinary Shares may be represented by American Depositary Shares, each of which represents one Ordinary Share.
 - As previously reported on July 8, 2015, the Reporting Person was granted 600,000 Restricted Stock Units ("RSUs") under the Amarin
- (2) Corporation plc 2011 Stock Incentive Plan. These RSUs vest in 16 equal quarterly installments. The second vesting event occurred on December 31, 2015.
- (3) Not applicable.
- Each RSU represents a contingent right to receive one Ordinary Share or cash in lieu thereof at the Issuer's discretion.

Remarks:

In the event of a Change of Control (as defined in the Plan), the grant described in this Form 4 vests in full.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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