FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ar   |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Allergan plc [ AGN ] |          |  |      |   |     |  |   |   | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |   |                                    |                          |   |   |                                    |  |  |
|--|--|---|----------|--|------|---|-----|--|---|---|---|---|------------------------------------|--------------------------|---|---|------------------------------------|--|--|
| (Last)   | (Fir   | st) (N<br>SINESS AND TE   | /liddle) |  |      | 3. Date of Earliest Transaction (Month/Day/Year) 02/02/2017 |     |  |   |   |   |   |                                    |                          | Office  | Officer (give title below)  |                                    | Other (specify below)                            |  |
| PARK,  | 4. If .  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                |          |  |      |   |     |  |   |   |   | r Joint/Group Filing (Check Application)  |                                    |                          |   |   |                                    |  |  |
| (Street)  DUBLIN   | · ·  |   |          |  |      |   |     |  |   |   |   |   |                                    |                          | Form filed by More than One Reporting<br>Person |   |                                    |  | oorting  |
| (City)   | (Sta   | ate) (Z   | Zip)     |  |      |   |     |  |   |   |   |   |                                    |                          |   |   |                                    |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |   |          |  |      |   |     |  |   |   |   |   |                                    |                          |   |   |                                    |  |  |
| 1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/V                 |  |   |          |  |      | Execution Date,   |     |  | 3.<br>Transaction<br>Code (Instr.<br>8) |   |   |   |                                    |                          | Secur   | icially<br>d  |                                    |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|  |  |   |          |  |      |   |     |  | Code                                    | v   | Amount  | (A) c   | Pri                                | ce                       | Repor<br>Trans                                  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |                                    | ,  | (  |
| Ordinary Shares, par value \$0.0001 02/02/20                                     |  |   |          |  |      | 17  |     |  | Α                                       |   | 444(1)  | A   | \$2                                | 29.52                    | 30  | 305,900(2)  |                                    | D  |  |
| Ordinary Shares, par value \$0.0001  |  |   |          |  |      |   |     |  |   |   |   |   |                                    |                          | 12  | 120,000   |                                    | I  | Paul<br>Bisaro<br>LLC  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |          |  |      |   |     |  |   |   |   |   |                                    |                          |   |   |                                    |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | titive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any   |   |          |  |      | Transaction<br>Code (Instr.                                 |     | vative<br>rities<br>rired<br>r<br>osed<br>)<br>r. 3, 4 | Expiration                              | Date Exercisable and<br>piration Date<br>onth/Day/Year) |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |                                    | of<br>Der<br>Sec<br>(Ins | rice<br>ivative<br>urity<br>tr. 5)              | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ow<br>Fo<br>Dir<br>or<br>(I)<br>4) | mership<br>rm:<br>ect (D)<br>Indirect<br>(Instr. | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |  |   |          |  | Code | v   | (A) | (D)  | Date<br>Exercisa                        | ıble  | Expiration<br>Date  | Title   | Amou<br>or<br>Numb<br>of<br>Shares | er                       |   |   |                                    |  |  |

## Explanation of Responses:

- 1. These restricted stock units shall vest 100% on the earlier of (i) the day before the 2017 Annual Shareholder Meeting or (ii) May 4, 2017.
- $2. \ Includes \ restricted \ shares \ issued \ pursuant \ to \ the \ 2013 \ Incentive \ Award \ Plan \ of \ Allergan \ plc.$

/s/ A. Robert D. Bailey,
Attorney-in-Fact for the
Reporting Person

02/06/2017

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.