Edgar Filing: Zakrzewski Joseph S - Form 4

Zakrzewski . Form 4	Joseph S										
July 15, 201	1										
FORM			CECUD	TTIEC A	ND EV			COMMISSION	r	PPROVAL	
	UNITED	SIAIE		hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				GES IN BENEFICIAL OWNERSHIP O SECURITIES					Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the		ility Hold	ling Con	ipany	Act o	ge Act of 1934, f 1935 or Sectio 40			
(Print or Type I	Responses)										
1. Name and A Zakrzewski	address of Reporting Joseph S	g Person <u>*</u>	Symbol	Name and N CORP			-	5. Relationship of Issuer	Reporting Per	son(s) to	
INC., MYS'	(First) RIN PHARMA, TIC PACKER E VELT AVENUE			Earliest Tr ay/Year)		. [7 11	,iitti (j	_X_ Director _X_ Officer (give below)		o Owner er (specify	
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MYSTIC, C	CT 06355								More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Aco	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any		Code (Instr. 8)	on(A) or Di (D)	4 and (A) or	d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Ordinary Shares (1)	07/15/2011			М	5,000	А	\$ 1.35	68,604	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. 5. Number Transaction Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 1.35	07/15/2011		М	5,000	(2)	12/21/2019	Ordinary Shares (1)	5,000

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Reporting Owners

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Reporting Owner Name / Address		Relationships					
	1	Director	10% Owner	Officer	Other		
Zakrzewski Joseph S C/O AMARIN PHARMA, INC. MYSTIC PACKER BLDG., 12 ROOSEVELT A MYSTIC, CT 06355	VENUE	Х		Chief Executive Officer			
Signatures							
/s/ Frederick Ahlholm, by power of attorney	07/15/2011	1					
**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 currently represents one Ordinary Share.

On December 21, 2009, the reporting person was granted an option to purchase 1,170,000 ordinary shares under the Amarin Corporation plc 2002 Stock Option Plan. The stock option initially vested in four equal annual installments beginning on January 1, 2010. In December

(2) pic 2002 stock Option 1 fail. The stock option initially vested in four equal annual installments beginning on failuary 1, 2010. In December 2010, the Issuer's Board of Directors approved the acceleration of the vesting of this award by six months such that the option vests in four equal installments and will be fully vested on July 1, 2013.

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.