Norton David Y

| Form 3  | 2 2017  |                              |  |                                   |   |                                 |   |                                 |                               |  |
|---|---|------------------------------|--|-----------------------------------|---|---------------------------------|---|---------------------------------|-------------------------------|--|
| September 22, 2017  |   |                              |  |                                   |   |                                 |   | OMB APPROVAL                    |                               |  |
| FURIN   | FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |                              |  |                                   |   |                                 |   | OMB<br>Number:                  | 3235-0104                     |  |
| INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF                          |   |                              |  |                                   |   |                                 | Expires:  | January 31,                     |                               |  |
|   |   | ion 17(a) of                 | SI<br>t to Section 16(a)<br>the Public Utilit<br>0(h) of the Inves               | y Holdi                           | Securities E<br>ng Company  | Act of 1935                     |   | Estimated a burden hou response | irs per                       |  |
| (Print or Type I  | Responses)  |                              |  |                                   |   |                                 |   |                                 |                               |  |
| 1. Name and Address of Reporting<br>Person <u>*</u><br>Norton David Y |   |                              | 2. Date of Event Requiring<br>Statement<br>(Month/Day/Year)                      |                                   | 3. Issuer Name <b>and</b> Ticker or Trading Syn<br>Mallinckrodt plc [MNK] |                                 |   | nbol                            |                               |  |
| (Last)  | (First)   | (Middle)                     | 09/20/2017   |                                   |   |                                 | Amendment, Date Original<br>I(Month/Day/Year)   |                                 |                               |  |
| 675 MCDO  | NNELL B   | LVD.                         |  |                                   |   |                                 |   |                                 | -,                            |  |
| (Street)  |   |                              |  |                                   | (Check all applicable) 6. In  |                                 | dividual or Joint/Group<br>g(Check Applicable Line)<br>Form filed by One Reporting<br>on<br>Form filed by More than One<br>rting Person |                                 |                               |  |
| HAZELWOOD, MO 63042   |   |                              |  |                                   | OfficerOtherX_<br>(give title below) (specify below)I                     |                                 |   |                                 |                               |  |
| (City)  | (State)   | (Zip)                        | Ta   | ble I - N                         | Non-Derivat   | ive Securitie                   | s Benefici  | ally Owned                      | ł                             |  |
| 1.Title of Secu<br>(Instr. 4)   | rity  |                              | Ber  | Amount o<br>neficially<br>str. 4) | f Securities<br>Owned   | Ownership                       | 4. Nature of<br>Ownership<br>(Instr. 5)   | Indirect Benef                  | ïcial                         |  |
| Reminder: Rep<br>owned directly                                       |   |                              | ach class of securitie   | es benefici                       | ially S   | EC 1473 (7-02)                  |   |                                 |                               |  |
|   | infor<br>requ   | mation cont<br>ired to respo | pond to the colle<br>ained in this form<br>ond unless the for<br>MB control numb | n are not<br>rm displ             |   |                                 |   |                                 |                               |  |
| 1   | Fable II - De   | erivative Secu               | rities Beneficially (  | Owned (e.                         | g., puts, calls,  | warrants, opti                  | ons, convert  | ible securities                 | 5)                            |  |
| 1. Title of Deri<br>(Instr. 4)  | ivative Secur   | Expi                         | ate Exercisable and<br>ration Date<br><sub>v/Day/Year</sub> )                    | Securiti                          | and Amount of<br>es Underlying<br>ive Security                            | 4.<br>Conversion<br>or Exercise |   |                                 | e of Indirect<br>al Ownership |  |

(Instr. 4)

Title

Expiration

Date

Exercisable Date

Derivative Security:

Price of

Security

Amount or

Number of

Shares

Derivative

# **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                        | Relationships |           |         |       |  |
|--|---------------|-----------|---------|-------|--|
|  | Director      | 10% Owner | Officer | Other |  |
| Norton David Y<br>675 MCDONNELL BLVD.<br>HAZELWOOD, MO 63042 | ÂX            | Â         | Â       | Â     |  |
| Signatures   |               |           |         |       |  |
| /s/ Stephanie D. Miller,<br>Attorney-in-Fact                 | 09/22/2017    |           |         |       |  |
| **Signature of Reporting Person                              |               | Date      |         |       |  |

## **Explanation of Responses:**

#### No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

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#### **Remarks:**

This Form 4 constitutes a notice to the Issuer for purposes of Part V of the Companies Act 20

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.