

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>EQUINOX TWO S.C.A.</u> (Last) (First) (Middle) <u>RIVA ALBERTONI, 1</u> (Street) <u>LUGANO V8 6900</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>10/19/2015</u>	3. Issuer Name and Ticker or Trading Symbol <u>LivaNova PLC [LIVN]</u>
4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Ordinary Shares	5,748,369	I	See footnotes ⁽¹⁾⁽²⁾

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>EQUINOX TWO S.C.A.</u> (Last) (First) (Middle) <u>RIVA ALBERTONI, 1</u> (Street) <u>LUGANO V8 6900</u> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>Tower 6 S. a r.l.</u> (Last) (First) (Middle) <u>5, PLACE DU THEATRE</u> (Street) <u>LUXEMBOURG N4 2613</u> (City) (State) (Zip)

Explanation of Responses:

1. The Ordinary Shares covered by this report on Form 3 are held by Bios S.p.A. and Tower 6 Bis S. a r.l. (4,262,285 and 1,486,084 Ordinary Shares, respectively). Mittel S.p.A. ("Mittel") and Equinox Two S.c.a. ("Equinox") are the 50:50 beneficial owners of the special purpose vehicle Bios S.p.A, in which each of Mittel and Equinox owns 50% of the outstanding voting shares and holds two board of director seats. Equinox is the owner of 100% of the membership interests in Tower 6 S. a r.l. ("Tower 6" and, together with Equinox, the "Reporting Persons"). Tower 6 (and Equinox indirectly through Tower 6) owns 51%, and Mittel owns 49%, of the membership interests in Tower 6 Bis S. a r.l.

2. This report on Form 3 is filed jointly by Equinox and Tower 6. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein for purposes of Rule 16a-1(a) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), except to the extent of its pecuniary interest therein. This report on Form 3 shall not be deemed an admission that either of the Reporting Persons is a beneficial owner of such securities for the purpose of Section 16 of the Exchange Act, or for any other purpose.

<u>Equinox Two S.c.a, By /s/ Giorgio Mancuso, Director</u>	<u>04/27/2016</u>
<u>Equinox Two S.c.a, By /s/ Federico Franzina, Director</u>	<u>04/27/2016</u>
<u>Tower 6 S. a.r.l., By /s/ Vania Baravini, Manager</u>	<u>04/27/2016</u>

Tower 6 S. a.r.l., By /s/
Massimiliano Seliziato,
Manager

04/27/2016

** 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 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).

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.