

☐ 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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Sheridan Brian</u> (Last) (First) (Middle) <u>5 MERCHANT SQUARE</u> <u>NORTH WHARF ROAD</u> (Street) <u>LONDON</u> <u>X0</u> <u>W2 1AY</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>LivNova PLC</u> [<u>LIVN</u>]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>SR VP Genl Counsel & Secretary</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>02/26/2016</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	02/26/2016		M		2,069	A	(1)	14,043	D	
Common Stock	02/26/2016		F		992 ⁽³⁾	D	\$57.09	13,051	D	

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. Transaction Code (Instr. 8)		5. Number of Derivative Securities 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 Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted stock units	(1)	02/26/2016		M			2,069	(2)	(2)	Common Stock	2,069	(1)	0	D	

Explanation of Responses:

1. Reporting person had vested restricted stock units ("RSUs") settled in ordinary shares of LivNova PLC (the "Company"), ?1.00 par value.

2. On October 19, 2015, reporting person was granted 2,069 RSUs to be issued under the Sorin LTI Award pursuant to the Sorin Plans (as defined below). Each RSU represents a contingent right to receive one ordinary share of the Company. All of such RSUs vested and all restrictions thereon lapsed on February 26, 2016.

3. A number of ordinary shares otherwise issuable to Reporting Person have been withheld in order to satisfy the tax withholding obligations of LivNova and its subsidiaries pursuant to the vesting of existing Sorin equity award plans (the "Sorin Plans").

Remarks:

/s/ Taylor Pollock, as POA
** Signature of Reporting Person

03/01/2016
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 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.