FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 and Address of Reporting Person* Moore Daniel Jeffrey | | | | | | 2. Issuer Name and Ticker or Trading Symbol LivaNova PLC [LIVN] | | | | | | | | | ck all app | nship of Reportin I applicable) Director | | . , | Issuer Owner |
|--|---|--|---------|------------------------------|---|---|--------|---|------------------|---|---|---------------|---|---|---------------------------------|---|-------------------|---|--------------------------------------|
| (Last) (First) (Middle) 5 MERCHANT SQUARE NORTH WHARF ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2016 | | | | | | | | Officer (give title Other (s below) below) | | | | er (specify w) | | |
| (Street) LONDON X0 W2 1A (City) (State) (Zip) | | | AY | - 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - I | Non-Deriv | ative | Sec | uritie | s Ac | quir | ed, C | Disposed o | f, or E | Benefic | ially | / Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | Year) | 2A. Deemed Execution Date if any (Month/Day/Ye | | | 3. Transactio Code (Instr) 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Ī | Code | v | Amount | (A) or (D) | Price | | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 03/15/2016 | | | | | 16 | | | | S ⁽¹⁾ | | 1,000 | D | \$56.87 | 77(2) | 65 | ,437 | | D | |
| Common Stock | | | | | | | | | | | | | | | 2, | 586 | | I | DJM Family Partnership Ltd. |
| | | Та | ıble II | | | | | | | | posed of, , convertib | | | | Owned | | , | , | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) if any (Month/Day/Year) errivative | | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiratio Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Number of Title Shares | | De Se (In | 8. Price of Derivative Security (Instr. 5) 9. Numbe derivative Securitie Securitie Beneficia Owned Following Reported Transacti (Instr. 4) | | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- $1. \ Sold \ pursuant \ to \ 10b5-1 \ Plan \ adopted \ by \ reporting \ person \ on \ November \ 30, \ 2015.$
- 2. Represents weighted average selling price. Securities were sold through approximately 14 separate sales on the transaction date at prices ranging from \$56.74 to \$57.06. The reporting person hereby undertakes to provide upon request to the SEC, the issuer or any stockholder of the issuer, the full information regarding the number of shares and prices at which the transaction was effected.

/s/ Daniel J. Moore

03/17/2016

** 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 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.