FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL 3235-0287 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* <u>Andrle Edward</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol LivaNova PLC [LIVN] | | | | | | | | eck all applic Director | | | 10% Owner | |
|---|---|--|--|-------------------|---|---|-----|---|--|-----------------|--|--|--|---|--|---|--|--|
| (Last) 20 EASTE | ast) (First) (Middle) 0 EASTBOURNE TERRANCE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/18/2019 | | | | | | | | 7 | below) | (give title General Manage | | Other (specify below) er, NM | |
| (Street) LONDON X0 W2 6LG (City) (State) (Zip) Table I - Non-Deriva | | | | | 10/3 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 10/31/2019 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person ative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | . | |
| 1. Title of Security (Instr. 3) 2. Trans Date | | | | 2. Transa Date | ate //onth/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ction Instr. | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | (A) or | 5. Amour Securitie Beneficia Owned F | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | on(s) | | | Instr. 4) |
| Ordinary Shares 10/18/2 | | | | | /2019 | 019 | | | М | | 29,718 | A | \$69.3 | 64, | 502 | | D | |
| Ordinary Shares 10/18/2 | | | | | /2019 | 2019 | | | F | | 28,447(1 | .) D | \$74.6 | 36, | 36,055 | | D | |
| | | Ţ | able II - | | | | | | | | osed of, convertib | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | 4. Transact Code (In 8) | | | | 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 Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Appreciation Rights | \$69.39 | 10/18/2019 | | | М | | | 29,718 | (2) | | (2) | Ordinary Shares | 29,718 | \$0 | 42,51 | .3 | D | |

Explanation of Responses:

- 1. Form 4 amended to show cashless exercise by the LivaNova PLC (the "Company") pursuant to the LivaNova PLC 2015 Incentive Award Plan (the "Plan") on the last business day prior to expiration of the stock appreciation rights ("SARs") whereby 28,447 shares were withheld from distribution to cover the purchase of shares and to satisfy tax liability.
- 2. Reporting person was granted an award of SARs. Subject to the terms and conditions of the Plan and the SAR Agreement, the SARs shall vest on the anniversary of the grant date, October 19, 2015.

Remarks:

/s/ Sarah K. Mohr, POA

11/01/2019

** 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.