SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL

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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 <sup>*</sup><br>Hoare Rohan  | 2. Date of Event<br>Requiring Stater<br>(Month/Day/Yea<br>10/19/2015 | ment               | 3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>LivaNova PLC</u> [ LIVN ]                            |  |                                    |  |   |  |
|--|--|--------------------|--|--|------------------------------------|--|---|--|
| (Last) (First) (Middle)<br>5 MERCHANT SQUARE<br>NORTH WHARF ROAD   |  |                    | 4. Relationship of Reporting Pers<br>(Check all applicable)<br>Director<br>X Officer (give title<br>below) | on(s) to Issuer<br>10% Owne<br>Other (sper<br>below) | r (Mor<br>10/2                     | Amendment, Da<br>nth/Day/Year)<br>22/2015  | ate of Original Filed                                       |  |
| (Street)   | -  |                    | President, Neuromo   | ,  | Appl                               | 6. Individual or Joint/Group Filing (Check<br>Applicable Line)<br>X Form filed by One Reporting Person |   |  |
| LONDON X0 W2 1AY<br>(City) (State) (Zip)   | -  |                    |  |  |                                    | Form filed by<br>Reporting P   | y More than One<br>erson                                    |  |
|  | Table I - Nor  | n-Derivat          | tive Securities Beneficial   | ly Owned   |                                    |  |   |  |
| 1. Title of Security (Instr. 4)  |  |                    | 2. Amount of Securities<br>Beneficially Owned (Instr. 4)   |  |                                    | I. Nature of Indirect Beneficial Ownership<br>Instr. 5)  |   |  |
| Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities) |  |                    |  |  |                                    |  |   |  |
| 1. Title of Derivative Security (Instr. 4)   | 2. Date Exerc<br>Expiration Da<br>(Month/Day/Y                       | te                 | 3. Title and Amount of Securit<br>Underlying Derivative Securit  |  | 4.<br>Conversion<br>or Exercise    | e Form:<br>Direct (D)  | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |
|  | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of Shares                  | Price of<br>Derivative<br>Security |  |   |  |
| Option to purchase common stock  | (2)  | 10/19/2020         | Common Stock   | 59,435 <sup>(1)</sup>                                | 69.39                              | D  |   |  |

on of Responses:

1. Form 3 being amended to correct the number of stock appreciation rights ("SARs") granted to Reporting Person on October 19, 2015.

2. Reporting Person was granted an award of stock appreciation rights ("SARs"). Subject to the terms and conditions of the SAR Agreement, the SARs shall vest in equal installments of 50% on each of the first two anniversaries of the grant date, October 19, 2015. Payment of such amount shall be in cash, shares (based on their Fair Market Value as of the date the SAR is exercised) or a combination of both, as determined by the Administrator.

**Remarks:** 

Taylor Pollock, as POA

\*\* Signature of Reporting Person

10/27/2015

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.