FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D.C. 20549	
------------------------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response:	0.5								

					_			.,	investine											
1. Name and Address of Reporting Person*  KOZY WILLIAM A						2. Issuer Name <b>and</b> Ticker or Trading Symbol LivaNova PLC [ LIVN ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
NOZI WILLIAMI															X Directo			10% O		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 06/29/2021								Officer below)	(give title		Other ( below)	specify	
20 EASTBOURNE TERRANCE																				
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line	- /	filed by One	a Reno	ortina Perso	nn.	
LONDO	N X	0	W2 6LG											X Form filed by One Reporting Person  Form filed by More than One Reporting						
					•										Perso				3	
(City)	(S	tate)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Trans Date (Month/It						Execution Date			e, Transaction Dispos Code (Instr. 5)			urities Acquired (A sed Of (D) (Instr. 3,			Benefici	es Foi ially (D)		: Direct r Indirect	7. Nature of Indirect Beneficial Ownership	
						ľ		·	Code	v	Amount	mount (A) or		Price	Reporte Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Ordinary Shares 06/29/2						/2021		М		2,33	2,337 A		\$ <mark>0</mark> (1	5,	5,320		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Deeme		4.		5. N	umber	6. Date Ex			7. Title			8. Price of	9. Number	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Da	,	Transaction Code (Inst		on of		Expiration Date (Month/Day/Year)			Amoui Securi Under Deriva (Instr.	ities lying itive S	ecurity 4)	Derivative Security (Instr. 5)	derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e (C s F Ally (C g (C	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownershi (Instr. 4)	
				Code		v	(A) (D)		Date Exercisab		Expiration Date	Title	O N O	Amount or Jumber of Shares						
Restricted Stock	(2)	06/29/2021			M			2,337	(3)		(3)	Ordina Share		2,337	\$0	0 <sup>(4)</sup>		D		

## **Explanation of Responses:**

- $1.\ Reporting\ person\ had\ vested\ restricted\ stock\ units\ (RSUs)\ settled\ in\ ordinary\ shares\ of\ LivaNova\ PLC\ (the\ Company),\ GBP\ 1.00\ par\ value.$
- 2. Each RSU represents a contingent right to receive one ordinary share of the Company, GBP 1.00 par value, in accordance with the terms of the LivaNova PLC 2015 Incentive Award Plan (the Plan) and the
- 3. On June 29, 2020, reporting person was granted RSUs to vest and forfeiture restrictions thereon to lapse on June 29, 2021, subject to continued service during the vesting period and the RSU Agreement.
- 4. This number reflects the number of derivative securities beneficially owned following reported transaction for this specific grant.

## Remarks:

/s/ Sarah K. Mohr, POA

07/01/2021

\*\* 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.