JAZZ PHARMACEUTICALS INC

Form 4

August 17, 2007

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

OMB APPROVAL

Expires:

January 31, 2005

0.5

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

Check this box

obligations may continue.

(Middle)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MOMTAZEE JAMES C

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

JAZZ PHARMACEUTICALS INC

(Check all applicable)

[JAZZ]

(First) (Last)

3. Date of Earliest Transaction

X_ Director Officer (give title

10% Owner Other (specify

C/O KOHLBERG KRAVIS

ROBERTS & CO. L.P., 2800 SAND HILL ROAD, SUITE 200

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

(Month/Day/Year)

08/15/2007

X Form filed by One Reporting Person Form filed by More than One Reporting

MENLO PARK, CA 94025

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

(A)

Reported Transaction(s)

(Instr. 3 and 4)

Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and Amount of		8. Pric		
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction Derivative			ative	Expiration Date		Underlying Securities		Deriva
Security	or Exercise		any	Code	Code Securities			(Month/Day/Year)		(Instr. 3 and 4)		Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	8) Acquired							(Instr.
	Derivative				((A) or						
	Security				Disposed of							
					(D) (Instr. 3, 4,							
					a	and 5)						
				Code	V	(A)	(D)	Date	Expiration	Title	Amount	
				Code	•	(71)	(D)	Exercisable	Date	Title	or	
								Excreisable	Dute		Number	
											of	
											Shares	
											Silares	
Phantom		00/15/0005				2012		(2)	(2)	Common	2 0 42	4.10
Stock	<u>(1)</u>	08/15/2007		A		2,843		(2)	(2)	Stock	2,843	\$ 12

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

MOMTAZEE JAMES C C/O KOHLBERG KRAVIS ROBERTS & CO. L.P. 2800 SAND HILL ROAD, SUITE 200 MENLO PARK, CA 94025

X

Signatures

William J. Janetschek, Attorney-in-fact for Reporting Person

08/17/2007

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Each share of phantom stock is the economic equivalent of one share of the Issuer's common stock.
- The shares of phantom stock become payable, in cash or common stock, at the election of the reporting person upon the earlier to occur of (2) the tenth business day following (i) the reporting person's separation from service as a director or (ii) a Change of Control of the Issuer (as defined under the Issuer's Directors Deferred Compensation Plan).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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