FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	OMB Number: 3235-0104						
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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

THOMPSON PHILLANDAS T.	2. Date of Event Requiring Statem (Month/Day/Year) 01/03/2017	ent	3. Issuer Name and Ticker or Trading Symbol AVADEL PHARMACEUTICALS PLC [ AVDL ]						
(Last) (First) (Middle) BLOCK 10-1, BLANCHARDSTOWN			4. Relationship of Reporting Perso (Check all applicable) Director X Officer (give title below) See Remarks	10% Owne	er (M	5. If Amendment, Date of Original Filed (Month/Day/Year)      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person			
CORPORATE PARK, BALLYCOOLIN  (Street)				Other (spe below)	Ap				
DUBLIN 15 L2						Form filed b Reporting P	y More than One erson		
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (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 Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr.		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

## Remarks:

Sr. VP, General Counsel and Corporate Secretary

No securities are beneficially owned.

/s/ Phillandas T. Thompson 01/03/2017

\*\* 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 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.