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(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | |
| 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* MCHUGH THOMAS S | | | | | 2. Issuer Name and Ticker or Trading Symbol AVADEL PHARMACEUTICALS PLC | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|---|------------|---|-----------------|--|--|------------|-------------------|--|-----------------------|-------------------------------------|---|---|--|----|--|---------------------------------------|--|
| | | <u> </u> | | A | AVDL] | | | | | | | | | r (give title | | Other (s | | |
| (Last) (First) (Middle) C/O AVADEL PHARMACEUTICALS PLC BLOCK 10-1 BLANCHARDSTOWN CORPORATE PARK | | | | ΓE 12 | 3. Date of Earliest Transaction (Month/Day/Year) 12/02/2019 | | | | | | | | Chief Financial Officer | | | | | |
| (Street) DUBLIN | l L2 | 2 | 15 | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing Line) X Form filed by One Report Form filed by More than Person | | | | | | | e Repo | orting Person | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tal | ole I - Non-De | erivativ | ve Se | ecurities | s Ac | quired, | Dis | posed o | f, or Be | eneficia | lly Owned | | | | | |
| Date | | | ransactio e nth/Day/\ | Execution Date, | | 3. Transaction Code (Instr. 3, 4) Disposed Of (D) (Instr. 3, 4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | | | Beneficia Owned F | s For illy (D) ollowing (I) (| Form: (D) or | m: Direct I or Indirect I Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | Code V A | | | | | Amount | (A) (D) | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | nstr. 4) | | |
| | | | Table II - Der (e.g | | | | | | | osed of, convertil | | | / Owned | | | • | • | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea | | e Execution Date, onth/Day/Year) if any | | Transaction Do | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Share | s | Transaction(s) (Instr. 4) | | | | |
| Stock Option (right to buy) | \$3.45 | 12/02/2019 | | A | | 250,000 | | (1) | | 12/02/2029 | ADSs ⁽²⁾ | 250,00 | \$3.45 | 250,00 | 00 | D | | |

Explanation of Responses:

- 1. Options become exercisable as to 62,500 ADSs on each of the first four anniversaries after the 10/22/2019 vesting start date.
- 2. The issuer's "ADSs" are American Depositary Shares, with each ADS representing one ordinary share, nominal value \$0.01 per share, of the issuer; ADSs may be represented by American Depositary Receipts.

/s/ Phillandas T. Thompson as attorney in fact for Thomas S. 12/03/2019 **McHugh**

** Signature of Reporting Person

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.