SEC Form 4	
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(b).

	Instruction 1(b).	
1	Check this box to indicate that a	

transaction was made pursuant to a
contract, instruction or written plan
for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-
1(c). See Instruction 10.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										

Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person* Glass Geoffrey Michael (Last) (First) (Middle) C/O AVADEL PHARMACEUTICALS PLC			2. Issuer Name <b>and</b> Ticker or Trading Symbol AVADEL PHARMACEUTICALS PLC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	<u>o j 1011011001</u>		AVDL	1	Director	10% Owner		
		( )	3. Date of Earliest Transaction (Month/Day/Year) 12/10/2024		Officer (give title below)	Other (specify below)		
P			4. If Amendment, Date of Original Filed (Month/Day/Year)		idual or Joint/Group Filing	(Check Applicable		
(Street) DUBLIN 2	L2	D02 T380		Line)	Form filed by One Repo Form filed by More than Person	0		
(City)	(State)	(Zip)						

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	ount (A) or Pric		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Ordinary Shares	12/10/2024		Р		10,075	A	\$9.89	69,075	Ι	By Trust <sup>(1)</sup>
Ordinary Shares	12/10/2024		Р		10,204	A	\$9.8	75,904	Ι	By Trust <sup>(2)</sup>
Ordinary Shares								11,000	D	

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

			(e.g., pi	115, 66	ans, v	vario	ants,	options, t	Jonvenub	ie se	cunties	)			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispe	r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	Deriv	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. These Ordinary Shares are held by The Geoffrey Glass Trust of which the Reporting Person is a co-trustee. The Reporting Person is the sole beneficiary of the trust.

2. These Ordinary Shares are held by Geoffrey M. Glass Revocable Trust U/T/D August 26, 2020 of which the Reporting Person is trustee. The Reporting Person and members of his immediate family are the sole beneficiaries of the trust.

# <u>/s/ Jerad G. Seurer, as</u> Attorney-in-Fact

12/10/2024

\*\* 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.