FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

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* <u>Kalb Michael Wayne</u>			2. Issuer Name and Ticker or Trading Symbol AMARIN CORP PLC\UK [AMRN]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) SVP and CFO							
(Last) (First) (Middle) C/O AMARIN PHARMA, INC. 1430 ROUTE 206				3. Date of Earliest Transaction (Month/Day/Year) 05/15/2017													
(Street) BEDMINSTER NJ 07921 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			action 2A. Deemed Execution Date,		(A) or			ed (A) or tr. 3, 4 and	5. Amou Securitie Beneficia Owned F Reported	nt of es ally collowing	Form: Di	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
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. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 10. 11. Nature																	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	Execution Date if any (Month/Day/Yea	Code (Inst					Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y Fo Dir or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
				С	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units ⁽¹⁾	\$0.00	05/15/2017			A		87,000		(2)	(3)	Ordinary Shares ⁽⁴⁾	87,000	\$0.00	87,000		D	

Explanation of Responses:

- 1. Each RSU represents a contingent right to receive one Ordinary Share or cash in lieu thereof at the Issuer's discretion.
- 2. On February 1, 2017, the Reporting Person was granted 87,000 restricted stock units (the "RSUs") under the Amarin Corporation plc 2011 Stock Incentive Plan (the "Plan"). These RSUs were subject to the approval by the Company's shareholders of an amendment to the Plan, which amendment was approved on May 15, 2017, and were previously disclosed in the Company's definitive proxy statement on Schedule 14A filed with the Securities and Exchange Commission on April 21, 2017. These RSUs vest in three equal installments on each of January 31, 2018, January 31, 2019 and January 31, 2020.
- 3. Not applicable.
- 4. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.

Remarks

In the event of a Change of Control (as defined in the Plan), the grant described in this Form 4 vests in full.

/s/ Joseph Kennedy, by power of attorney 07/03/2017

** 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 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.