FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
-	hours par raspansa:	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

Name and Address of Reporting Person* THERO JOHN F						2. Issuer Name and Ticker or Trading Symbol AMARIN CORP PLC\UK [AMRN]									(Che	ck all appl	r		10% Ov	vner	
	ast) (First) (Middle) /O AMARIN PHARMA, INC. 430 ROUTE 206						3. Date of Earliest Transaction (Month/Day/Year) 08/21/2019									X Officer (give title Other (specify below) President and CEO					
(Street) BEDMINSTER NJ 07921					- 4. -	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Line) X Form filed by One Reporting Pe Form filed by More than One Reperson												orting Perso	ı		
(City)	(State)	(Zip)																		
			ble I - No			_			.	l, Di	÷					_		_			
				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		, Tran Code	Transaction Dispose Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v		Amount	(A) (D)	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				(111501. 4)	
Ordinary Shares ⁽¹⁾				08/2	21/20	19			М			49,02	5 <i>A</i>	1	\$2.04	2,18	2,181,939(2)		D		
Ordinary Shares ⁽¹⁾ 08/2					21/20	/2019			M	┸		106,37	72 <i>A</i>	1	\$1.02 2,28		B,311 ⁽²⁾		D		
Ordinary Shares ⁽¹⁾ 08/21					21/20	/2019			М			36,60	0 A	1	\$2.5	2,324,911(2)		D			
			Table II -					ies Acq /arrants								Owned					
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Conversion or Exercise Price of Derivative Security (Month/Day/Yea		3A. Deemed Execution D if any (Month/Day	ate,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea		ate		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price o Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficie Owned Followin Reported Transact	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercis	able	Ex Da	piration ate	o N		nount mber Shares		(Instr. 4)	(0)			
Stock Option (Right to Buy)	\$2.04	08/21/2019			М			49,025	(3)		01.	/07/2024	Ordinary Shares ⁽¹⁾	49	9,025	\$0.00	558,4	75	D		
Stock Option (Right to Buy)	\$1.02	08/21/2019			M			106,372	(3)		02.	/01/2025	Ordinary Shares ⁽¹⁾	10	06,372	\$0.00	293,6	28	D		
Stock Option (Right to	\$2.5	08/21/2019			M			36,600	(3)		07.	/06/2025	Ordinary Shares ⁽¹⁾	30	6,600	\$0.00	563,4	.00	D		

Explanation of Responses:

- 1. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.
- 2. Please see the section titled "Remarks" below for additional information.
- 3. The stock option granted to the Reporting Person is fully vested as of the date hereof.

Remarks:

Buy)

This number does not represent the aggregate number of Ordinary Shares of the Issuer this Reporting Person holds or has a right to acquire in the form of stock options and restricted stock units granted to such Reporting Person.

> 08/22/2019 /s/ John F. Thero ** 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.