FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APP	roval
OMB Number:	3235-0287
Estimated average	burden
hours nor reenence	. 0.5

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

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. 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* Glass Geoffrey Michael				<u>A\</u>	2. Issuer Name and Ticker or Trading Symbol AVADEL PHARMACEUTICALS PLC [AVDL]							(CI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				vner	
(Last) (First) (Middle) C/O AVADEL PHARMACEUTICALS PLC 10 EARLSFORT TERRACE					3. Date of Earliest Transaction (Month/Day/Year) 09/13/2024								below)	(give title		below)	вреспу	
(Street) DUBLIN (City)	12 L2	2	D02 T380		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)					Lin	Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			action	Execution Date,		3. Transac Code (li	3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)			ed (A) or	5. Amou Securitie Benefici	nt of 6. 0 s For ally (D) ollowing (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Transaci (Instr. 3	tion(s)	on(s)		(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date Execution Date, if any (Month/Day/Year)		Date,	ransaction of			6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisabl		expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$16.32	09/13/2024			G			11,000	(1)	O	7/30/2034	Ordinary Shares	11,000	\$0	0		D	
Stock Option (Right to Buy)	\$16.32								(1)	0	7/30/2034	Ordinary Shares	11,000		11,000	0	I	By Trust ⁽²⁾

Explanation of Responses:

- 1. The options shall vest in full on the earlier to occur of (a) July 30, 2025 or (b) the date of the next annual general meeting of shareholders following the date of grant (July 30, 2024), subject to the Reporting Person's continued service at such time.
- 2. On September 13, 2024, the Reporting Person transferred 11,000 options to the 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.

/s/ Jerad G. Seurer, as attorney-09/13/2024 in-fact

** 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.