### AMARIN CORP PLC\UK Form 3 July 05, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB

### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

#### OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Kalb Michael Wayne		3. Issuer Name and Ticker or Trading Symbol AMARIN CORP PLC\UK [AMRN]				
(Middle)	06/30/2016	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
A, 6		(Check	all applicable)	Theo((nonaszay) roa)		
		Director10% Owner XOfficerOther (give title below) (specify below)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting	
NJ 07921		SVP and CFO			Person Form filed by More than One Reporting Person	
(Zip)	Table I - N	Non-Derivat	tive Securiti	es Be	neficially Owned	
			3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	•	
e line for eac	ch class of securities benefici	ially S	SEC 1473 (7-02	)		
tion conta d to respor y valid ON	ined in this form are not nd unless the form displa IB control number.	ays a	, warrants, opf	tions, c	onvertible securities)	
	(Middle) A, 6 )7921 (Zip) e line for eac s who resp tion conta t to respon y valid OM	(Month/Day/Year) (Middle) 06/30/2016 A, 6 (Zip) Table I - N 2. Amount of Beneficially (Instr. 4) e line for each class of securities benefici s who respond to the collection of tion contained in this form are not d to respond unless the form displ y valid OMB control number.	Statement (Month/Day/Year)  AMARIN    (Middle)  06/30/2016  4. Relationsh Person(s) to I    A, 6  (Check   Director XOfficer (give title belo    07921  SV    (Zip)  Table I - Non-Derivat 2. Amount of Securities Beneficially Owned (Instr. 4)    e line for each class of securities beneficially  S    s who respond to the collection of tion contained in this form are not 4 to respond unless the form displays a y valid OMB control number.  S	Statement (Month/Day/Year)  AMARIN CORP PLCN    (Middle)  06/30/2016  4. Relationship of Reporting Person(s) to Issuer    A, 6  (Check all applicable)   Director Officer 0ther Other (give title below)    07921  Table I - Non-Derivative Securitis 2. Amount of Securities    (Zip)  Table I - Non-Derivative Securitis 2. Amount of Securities    (Zip)  Table I - Non-Derivative Securiti (Instr. 4)    Porrect (D) or Indirect (I)  Ownership Form: Direct (D) or Indirect (I)    e line for each class of securities beneficially  SEC 1473 (7-02    s who respond to the collection of tion contained in this form are not d to respond unless the form displays a y valid OMB control number.	Statement (Month/Day/Year)  AMARIN CORP PLC\UK [A AMARIN CORP PLC\UK [A A. Relationship of Reporting Person(s) to Issuer    A, 6  (Check all applicable)	

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	· · · ·	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	

(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address	5	Relationships					
F8		10% Owner	Officer	Other			
Kalb Michael Wayne C/O AMARIN PHARMA, INO 1430 ROUTE 206 BEDMINSTER, NJ 07921	C. Â	Â	SVP and CFO	Â			
Signatures							
/s/ Michael Kalb 07/0	05/2016						
**Signature of Reporting Person	Date						

## **Explanation of Responses:**

### No securities are beneficially owned

\* If the form is filed by more than one reporting person, see Instruction 5(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).

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## Remarks:

### No securities are beneficially owned.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.