FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | | |

| ٦ | 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

| | | | | | 0, 0 | | 311 00(11) 0 | 01 1110 | mivestinent c | ompany 7 to | 01 10-10 | | | | | | | | |
|--|---|--|--|---------|--|--|---|---------|--|--------------------|--|--|--|--|---|----------|--|--|--|
| 1. Name and Address of Reporting Person* CAMERON WENDY | | | | | | 2. Issuer Name and Ticker or Trading Symbol Mylan N.V. [MYL] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) | st) (First) (Middle) JILDING 4, TRIDENT PLACE, MOSQUITO | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2017 | | | | | | | | or (give title | 10% Ov Other (s below) | | | | |
| (Street) HATFIELD, HERTFORDSHIRE X0 AL10 9UL | | | | 4. If . | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriva | ative | Se | curities | s Ac | quired, D | isposed | of, or Be | neficia | lly Owne | t | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) i | 2A. Deem Execution f any (Month/Da | Date | Code (Ins | | | | Benefic | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | Amount | (A) o (D) | r Price | Transac (Instr. 3 | tion(s) | | | () | | | |
| | | Т | | | | | | | uired, Dis , options, | | | | / Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, 1 | I. Fransaction Code (Instr. 3) | | | | 6. Date Exerc Expiration Da (Month/Day/) | ate | 7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an | f s g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form Direc or Inc (I) (In | vnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Non- Employee Director Stock Option - Right to Buy | \$45.18 | 03/03/2017 | | | A | | 2,928 | | (1) | 03/03/2027 | Ordinary Shares | 2,928 | \$0.00 | 2,928 | | D | | | |
| Restricted Stock Units | \$0.00 | 03/03/2017 | | | A | | 3,653 | | (2) | (2) | Ordinary Shares | 3,653 | \$0.00 | 3,653 | | D | | | |

Explanation of Responses:

- 1. These options will vest in full on March 3, 2018 and expire on March 3, 2027.
- 2. Each restricted stock unit (RSU) represents the right to receive one ordinary share of Mylan N.V. These RSUs will vest in full on March 3, 2018.

Remarks:

/s/ Bradley L. Wideman, by power of attorney

03/07/2017

** Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * 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.