

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Tursi James Patrick</u> _____ (Last) (First) (Middle) <u>C/O ENDO INTERNATIONAL PLC</u> <u>FIRST FL, MINERVA HOUSE, SIMMONSCOURT RD</u> _____ (Street) <u>BALLSBRIDGE, L2</u> <u>DUBLIN</u> _____ (City) (State) (Zip)			2. Date of Event Requiring Statement (Month/Day/Year) <u>02/24/2022</u>			3. Issuer Name and Ticker or Trading Symbol <u>Endo International plc [ENDP]</u>		
			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____ <u>Executive VP, Global R&D</u>		5. If Amendment, Date of Original Filed (Month/Day/Year)			
					6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
2015 Stock Incentive Plan Restricted Stock Units (RSU) ⁽¹⁾	280,373	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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 Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

1. On February 1, 2022, 280,373 RSUs were granted to Dr. Tursi with one-third vesting, and thus expiring, on each of the first three grant date anniversaries. As of February 24, 2022, none of these RSUs have vested or been released. The amount reported in Table I represents the unvested portion as of that date.

Remarks:

/s/ Matthew J. Maletta, by power of attorney

02/24/2022

** 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 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).

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.

LIMITED POWER OF ATTORNEY FOR
SECTION 16 REPORTING OBLIGATIONS

Know all by these present that the undersigned hereby makes, constitutes and appoints Matthew J. Maletta, Jack D. Boyle, Brian Morrissey, .
(1) prepare, execute, acknowledge, deliver and file Forms 3, 4, and 5 (including any amendments thereto) with respect to the securities of I
(2) seek or obtain, as the undersigned's representative and on the undersigned's behalf, information on transactions in the Company's secur:
(3) perform any and all other acts which in the discretion of such attorney-in-fact are necessary or desirable for and on behalf of the und
The undersigned acknowledges that:

- (1) this Power of Attorney authorizes, but does not require, such attorney-in-fact to act in their discretion on information provided to su
- (2) any documents prepared and/or executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney will be
- (3) neither the Company nor such attorney-in-fact assumes (i) any liability for the undersigned's responsibility to comply with the require
- (4) this Power of Attorney does not relieve the undersigned from responsibility for compliance with the undersigned's obligations under the

The undersigned hereby gives and grants the foregoing attorney-in-fact full power and authority to do and perform all and every act and thing v

This Power of Attorney shall remain in full force and effect with respect to each undersigned until revoked by such undersigned in a signe

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 12th day of January 2022.

SIGNATURE TITLE

/s/ JAMES P. TURSI, M.D.
NAME: James P. Tursi, M.D. Executive VP, Global Research & Development

STATE OF New Jersey:
COUNTY OF Camden:

On this 12 day of January 2022, the above-named individual personally appeared before me, and acknowledged that he executed the foregoing inst
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

/s/ LORRIANNE Q. ZAMORA
Notary Public

LORRIANNE Q. ZAMORA
Commission # 2415125
Notary Public, State of New Jersey
My Commission Expires
October 27, 2026