FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Ī | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| 1 | hours per response. | 0.5 | | | | | | | | |

| | | | | | or S | Section | 30(h) | of the | Investm | ent Co | ompany Act | of 1940 | | | | | | | | |
|--|---|--|---|----------|---|---|---|--------|---|--------|--|---|-------------------------------|--|---|--|---|---|--|--|
| PORTA (Last) | 47 AVENUE ROAD | | | | Bio BH | 2. Issuer Name and Ticker or Trading Symbol Biohaven Pharmaceutical Holding Co Ltd. BHVN] 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2018 | | | | | | | | | 5. Relationship of Reporting Person(s) to I (Check all applicable) Director X 10% (Officer (give title below) block | | | | | |
| (Street) TORONTO A6 M5R 2G3 (City) (State) (Zip) | | | | 33 | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | on-Deriv | <i>r</i> ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or B | enefic | ially (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | /Year) Executio | | ution Date, | | | | s Acquired (A) or of (D) (Instr. 3, 4 a | | and 5) Secur Benef Owne | | icially d Following | Form (D) o | nership : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | | |
| Common Stock 01/03/20 | | | | | 2018 | 2018 | | | | | 35,650 | D \$28.6 | | 6,305,85 | | 305,850 | | D | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable at Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Pri Deriv Secu (Instr | rative irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | wnership orm: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Code V (A) | | (A) | (D) | Date Expiration of | | | | Number of Shares | | | | | | | | | | | |

Explanation of Responses:

Kam Shah, CFO

01/04/2018

** 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.