Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

ALEXION PHARMACEUTICALS INC

Form 4

\$.0001 per share

November 16, 2016

FORM	1 4								OMB AF	PPROVAL	
	OMI	ED STATES		SITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer CTA THE CHARLES OF CHARLES								Expires:	January 31, 2005		
subject to Section 1	Section 16. Form 4 or Set 10 SECURITIES SECURITIES							Estimated a burden hour response	verage		
obligatio may cont See Instru 1(b).	ons tinue. Section	17(a) of the		ility Hold	ling Con	npany	Act of	1935 or Section	n		
(Print or Type I	Responses)										
1. Name and Address of Reporting Person ** Wagner Heidi L			2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS					5. Relationship of Reporting Person(s) to Issuer			
			INC [Al	LXN]				(Cnec.	k all applicable)	
				. Date of Earliest Transaction Month/Day/Year)				Director 10% Owner Officer (give title Other (specify below)			
C/O ALEXI PHARMAC COLLEGE	CEUTICALS,	INC, 100	11/14/20	016				· · · · · · · · · · · · · · · · · · ·	l Government A	Affairs	
				nendment, Date Original onth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW HAV	EN, CT 06510)						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock, par value	11/14/2016			Code V	Amount 59 (1)	or (D)	Price	(Instr. 3 and 4) 31,936	D		

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

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 control

115.1

Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

number.

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	TC:41	or		
						Exercisable	Date	Title	Number		
				G 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
. 0	Director	10% Owner	Officer	Other			
Wagner Heidi L C/O ALEXION PHARMACEUTICALS, INC 100 COLLEGE STREET NEW HAVEN CT 06510			SVP, Global Government Affairs				

Signatures

/s/ Michael V. Greco, Attorney-in-fact for Heidi Wagner 11/16/2016

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.

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.

Reporting Owners 2