Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

ALEXION I Form 4 May 13, 201	PHARMACEUT	TICALS IN	IC								
FORM	SECUDITIES AND EXCHANCE O				NGE C	OMMISSION	OMB APPROVAL				
Check th		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							OMB Number:	3235-0287 January 31,	
if no long subject to Section 1 Form 4 c	ger STATE 16.								Expires: 20 Estimated average burden hours per response		
Form 5 obligatio may com <i>See</i> Instr 1(b).	tinue. Section 17	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									
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> Wagner Heidi L			2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	LALS										
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC, 100 COLLEGE STREET			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2016					Director 10% Owner X Officer (give title Other (specify below) SVP, Global Government Affairs			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
	EN, CT 06510							Person		porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	rities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)) Execution any		3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	isposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
value \$.0001 per share	05/13/2016			S	53 <u>(1)</u> (2)	D	\$ 138.65	32,337	D		

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

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number.

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

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. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
FB	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 L. Wagner		05/13/2016				

Wagner

**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).

This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$138.00 - \$138.99. The price reported in (1) this column reflects the weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at each price.

(2) 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.