

SYNAGEVA BIOPHARMA CORP
Form 3
June 29, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â ALEXION PHARMACEUTICALS INC		(Month/Day/Year) 06/19/2015	SYNAGEVA BIOPHARMA CORP [GEVA]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	
352 KNOTTER DRIVE,Â			(Check all applicable)	
(Street)			____ Director <input checked="" type="checkbox"/> 10% Owner	
CHESHIRE,Â CTÂ 06410			____ Officer ____ Other	
(City)	(State)	(Zip)	(give title below) (specify below)	
			5. If Amendment, Date Original Filed(Month/Day/Year)	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			____ Form filed by One Reporting Person	
			<input checked="" 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)
Common stock, par value \$0.001 per share, of Synageva	21,021,124	I	Through direct, wholly owned subsidiary (see explanatory note)

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

SEC 1473 (7-02)

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 number.

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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---	---	--

Edgar Filing: SYNAGEVA BIOPHARMA CORP - Form 3

Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
------------------	-----------------	-------	----------------------------	----------	---------------------------------------

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE CHESHIRE, CT 06410		X		
Pulsar Merger Sub Inc (NOW ALEXION PHARMA LLC) (SEE EXPLANATORY NOTE) 352 KNOTTER DRIVE CHESHIRE, CT 06410		X		

Signatures

/s/ Michael V. Greco, Alexion Pharmaceuticals, Inc., Vice President of Law and Corporate Secretary	06/29/2015
**Signature of Reporting Person	Date
/s/ Michael V. Greco, Alexion Pharma LLC (as successor in interest to Pulsar Merger Sub Inc.), Sole Manager	06/29/2015
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).

Remarks:
 This is a joint filing by Alexion Pharmaceuticals, Inc. ("Alexion") and Alexion Pharma LLC (as successor in interest to Pulsar Merger Sub Inc.) previously announced, at midnight at the end of June 19, 2015, the exchange offer of Pulsar Merger Sub Inc. Also as previously announced, on June 22, 2015, Alexion acquired all of the remaining shares of Pulsar Merger Sub Inc. Immediately following that merger, the corporation surviving that merger merged with and into Galaxy Therapeutics, Inc.

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.