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ALEXION PHARMACEUTICALS INC

Form 3 June 09, 2017

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

OMB APPROVAL

OMB Number:

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response...

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SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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 *

LAW ANNE-MARIE

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

06/05/2017

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

ALEXION PHARMACEUTICALS INC [ALXN]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(give title below) (specify below)

EVP and CHRO

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O ALEXION

PHARMACEUTICALS,

INC., 100 COLLEGE STREET

(Street)

Director _X__ Officer

10% Owner Other

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person

Form filed by More than One

Reporting Person

NEW HAVEN, CTÂ 06510

(City) (State) (Zip)

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Form: Direct (D) or Indirect (I)

(Instr. 5)

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

SEC 1473 (7-02)

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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**

5. 4 Conversion Ownership or Exercise Form of Derivative Price of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

(Instr. 4)

Date **Expiration Title** Exercisable Date

Amount or Number of

Derivative Security: Security Direct (D)

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Shares

or Indirect (I)

(Instr. 5)

Reporting Owners

NEW HAVEN, CTÂ 06510

Reporting Owner Name / Address

Director 10% Owner Officer Other

LAW ANNE-MARIE

C/O ALEXION PHARMACEUTICALS, INC. 100 COLLEGE STREET

Relationships

Officer Other

A Â Â EVP and CHRO Â

Signatures

/s/ Michael V. Greco, Attorney-in-Fact for Anne-Marie Law

06/09/2017

**Signature of Reporting Person

Date

Explanation of Responses:

No securities are beneficially owned

- * 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. 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.

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