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ALEXION Pl Form 4 May 13, 2016	HARMACEU	TICALS IN	NC								
FORM	Л	D STATES	TES SECURITIES AND EXCHANGE C					COMMISSION		PPROVAL 3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation	er 5. STATEMENT OF CHANGES IN BENEFICIAL OWNE 5. SECURITIES 5. Filed pursuant to Section 16(a) of the Securities Exchange A						ge Act of 1934,	Expires: Estimated a burden hou response	Expires:January 31Expires:200Estimated averageburden hours perresponse0.		
may contin <i>See</i> Instruct 1(b).	nue.		of the Inv	•	•	- ·			Л		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person <u>*</u> Rummelt Andreas			2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC, 100 COLLEGE STREET			3. Date of Earliest Transaction (Month/Day/Year) 05/11/2016					X_ Director10% Owner Officer (give titleOther (specify below) below)			
NEW HAVE	(Street) EW HAVEN, CT 06510			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 Person 			
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Executi tr. 3) any		emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8)	TransactionAcquired (A) or Code Disposed of (D)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Stock, par value \$.0001 per share	05/11/2016			А	835 <u>(1)</u>	A	\$0	15,216	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. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerci Expiration Dat (Month/Day/Y	te	7. Title and Amount of 8 Underlying Securities 1 (Instr. 3 and 4) 9	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 138.86	05/11/2016		A	2,294 (2)	05/11/2017	05/11/2026	Common Stock, par value \$.0001 per share	2,294
Repor	ting O	wners							

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other **Rummelt Andreas** C/O ALEXION PHARMACEUTICALS, INC Х 100 COLLEGE STREET NEW HAVEN, CT 06510 Signatures /s/ Michael Greco, Attorney-in-Fact for Andreas 05/13/2016 Rummelt **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) Award of Restricted Stock Units under 2004 Incentive Plan. 100% vests on the first anniversary of the grant date.

(2) Annual award of stock options under 2004 Incentive Plan. 100% vests on the first anniversary of the grant date.

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.