

## **ALEXION PHARMACEUTICALS INC**

# Reported by **O'NEILL JULIE**

### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 03/01/17 for the Period Ending 02/27/17

Address 100 COLLEGE STREET

NEW HAVEN, CT 06510

Telephone 2032722596

CIK 0000899866

Symbol ALXN

SIC Code 2834 - Pharmaceutical Preparations

Industry Pharmaceuticals

Sector Healthcare

Fiscal Year 12/31



Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person \*

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to Issuer

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

												(Cn	eck all app	mcable)			
O'Neill Julie					ALEXION PHARMACEUTICALS INC												
				[	AL	XN]							_ Director		10	% Owner	
(Last)	(First	(M	3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X_Officer (give title below) Other (specify below EVP. Global Operations				fy below)		
C/O ALEXIONC, 100 CC				LS,			2.	/27	/2017								
21 (0) 200 00						4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)				
NEW HAVEN, CT 06510												_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C	City) (Sta	ate) (Zi	p)										- cim mea cy		one reporting r		
ı			Table I -	Non-Do	eriva	tive Sec	urities A	<b>Acq</b>	uired, D	isposed	of, or Ben	efici	ally Own	ed			
1.Title of Security (Instr. 3) 2. Trans. D			ns. Date	Execu		3. Trans. Code (Instr. 8)  4. Securities A Disposed of (Instr. 3, 4 and				` ′	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form:	Beneficial		
							Code	v	7 Amoun	(A) or (D)	Price					or Indirect (I) (Instr.	Ownership (Instr. 4)
Common Stock, par value \$.0001 per share 2/27/2017				/2017			S		910 (1	<b>D</b>	\$131.20 <sup>(2)</sup>			31679		D	
Common Stock, par value \$.0001 per share 2/28/2017				/2017			S		664 (1		\$131.70 <u>(2)</u>			31015		D	
Common Stock, par value \$.0001 per share 2/28/2017				/2017			A		7500 (3)	A	\$0	38515			D		
	Tab	le II - Der	ivative Se	curities	s Ben	eficially	Owned	l ( e.	.g. , put	s, calls,	warrants,	optio	ons, conve	rtible sec	eurities)	•	•
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deeme Execution Date, if any	Code	ode Deriv Acqu Dispo					piration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	le V (A		) (D	E	ate xercisable	Expiration Date	Title	Amor Numl Share		-	Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Option to Purchase	\$131.25	2/28/2017		A		14800	(4)	2	/28/2018	2/28/2027	Common S par value \$ per shar	.0001	14800.0	\$0	14800	D	

- This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$131.00 \$131.99. The price reported in 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.
- Award of Restricted Stock Units under the 2004 Incentive Plan. 25% vests on each anniversary of the grant date. 3)
- Stock option award under 2004 Incentive Plan. 25% vest on the first anniversary of the grant date, 1/16 every three months thereafter until fully vested over 4
- 4) years.

#### Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
O'Neill Julie								
C/O ALEXION PHARMACEUTICALS, INC 100 COLLEGE STREET			EVP. Global Operations					
NEW HAVEN, CT 06510								

/s/ Michael Greco, Attorney-in-Fact for Julie O'Neill

3/1/2017

\*\* Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.