

ALEXION PHARMACEUTICALS INC
 Form 3
 October 08, 2015

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

OMB APPROVAL

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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 * Â Wagner Heidi L (Last) (First) (Middle) | 2. Date of Event Requiring Statement (Month/Day/Year) 10/01/2015 | 3. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN] | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) SVP, Global Government Affairs | 5. If Amendment, Date Original Filed(Month/Day/Year) |
|--|--|---|--|--|

C/O ALEXION PHARMACEUTICALS, INC,Â 352 KNOTTER DRIVE
 (Street)

CHESHIRE,Â CTÂ 06410
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 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 \$.0001 per share | 25,916 | D | Â |

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) |
|---|---|--|---|---|--|
|---|---|--|---|---|--|

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| Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Security | Direct (D) or Indirect (I) (Instr. 5) | |
|------------------|-----------------|--|----------------------------|-----------|---------------------------------------|---|
| 05/02/2011 | 02/02/2021 | Common Stock, par value \$0.0001 per share | 9,500 | \$ 42.655 | D | Â |
| 05/03/2012 | 02/03/2022 | Common Stock, par value \$0.0001 per share | 14,000 | \$ 78.88 | D | Â |
| 02/12/2013 | 11/12/2022 | Common Stock, par value \$0.0001 per share | 3,000 | \$ 91.98 | D | Â |
| 05/06/2013 | 02/06/2023 | Common Stock, par value \$0.0001 per share | 18,807 | \$ 93.83 | D | Â |
| 02/28/2015 | 02/28/2024 | Common Stock, par value \$0.0001 per share | 20,000 | \$ 176.8 | D | Â |
| 02/27/2016 | 02/27/2025 | Common Stock, par value \$0.0001 per share | 15,000 | \$ 180.37 | D | Â |
| 10/01/2016 | 10/01/2025 | Common Stock, par value \$0.0001 per share | 5,000 | \$ 157.82 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|----------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Wagner Heidi L C/O ALEXION PHARMACEUTICALS, INC | Â | Â | Â SVP, Global Government Affairs | Â |

352 KNOTTER DRIVE
CHESHIRE, CT 06410

Signatures

/s/ Michael V. Greco, Attorney-in-fact for Heidi L.
Wagner

10/08/2015

__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).

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

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