### Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

#### ALEXION PHARMACEUTICALS INC

Form 4 March 29, 2017

FORM 4

#### **OMB APPROVAL**

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

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

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

January 31, Expires: 2005 Estimated average

0.5

Form 4 or Form 5 obligations may continue.

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

burden hours per response...

See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

**HANTSON LUDWIG** 

Symbol

(Check all applicable)

ALEXION PHARMACEUTICALS

(Month/Day/Year)

03/29/2017

INC [ALXN]

3. Date of Earliest Transaction

\_X\_\_ Director

10% Owner X\_ Officer (give title Other (specify below) below)

**CEO** 

C/O ALEXION

(Last)

PHARMACEUTICALS, INC., 100

(Street)

(First)

(Middle)

COLLEGE STREET

4. If Amendment, Date Original

(Instr. 8)

Code V

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Issuer

NEW HAVEN, CT 06510

(City) (State) (Zip)

03/29/2017

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. Transaction(A) or Disposed of Code (D)

4. Securities Acquired 5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(Instr. 3, 4 and 5)

Reported Transaction(s)

(Instr. 3 and 4) Price Amount (D)

(A)

Common

Stock, par value

28,725 Α (1)

\$0 57,450 D

\$.0001 per share

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control

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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. Transaction Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exerci Expiration Dat (Month/Day/Y	re e	7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 118.83	03/29/2017		A	56,762 (2)	03/27/2018	03/27/2027	Common Stock, par value \$.0001 per share	56,762

## **Reporting Owners**

Reporting Owner Name / Address	Relationships				
r	Director	10% Owner	Officer	Other	
HANTSON LUDWIG					
C/O ALEXION PHARMACEUTICALS, INC.	X		CEO		
100 COLLEGE STREET	Λ		CEO		
NEW HAVEN, CT 06510					

## **Signatures**

Michael V. Greco, Attorney-in-fact for Ludwig
Hantson

03/29/2017

\*\*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 the 2004 Incentive Plan. Vests 25% on each of December 31, 2017, December 31, 2018, March 27, 2020, and March 27, 2021.
- (2) Stock option award under 2004 Incentive Plan. Vests 25% on the first anniversary of the grant date, 1/16 every three months thereafter until fully vested over 4 years.

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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