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Bazarko Dar Form 4 March 04, 24 FORN Check th if no long subject to Section 1 Form 4 c Form 5 obligation may com <i>See</i> Instr 1(b).	019 1 4 UNITED is box ger 5 6. or Filed pur Section 17(IENT OF suant to Se a) of the Pu	Washington CHANGES I SEC Section 16(a) of	on, D.C. 20 IN BENEF URITIES The Securi folding Con)549 TCIA ties E npan	LOWN Exchange y Act of	OMMISSION NERSHIP OF e Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type]	Responses)									
Bazarko Daniel Symbol ALEXI			2. Issuer Name Symbol ALEXION PH NC. [ALXN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)(First)(Middle)3. Date or (Month/E)C/O ALEXION02/28/2PHARMACEUTICALS, INC., 12102/28/2SEAPORT BOULEVARD				t Transaction ·)			Director 10% Owner X Officer (give title Other (specify below) below) SVP, Controller, CAO			
(Street) 4. If Ame Filed(Mor BOSTON, MA 02210				, Date Origina (ear)	al		 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 I - No	n-Derivative	Secur	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if Transa Code	4. Securi ctior(A) or D (Instr. 3, 8)	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par value \$.0001 per share	02/28/2019		Code F	V Amount 216 (1)	(D)	Price \$ 132.92 (2)	(Instr. 3 and 4) 4,521	D		
Common Stock, par value \$.0001 per share	02/28/2019		F	381 <u>(1)</u>	D	\$ 132.92 (2)	4,140	D		

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

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 Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Da	ate	Amoun	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration		or Norsela au		
						Exercisable D	Date		Number		
				Cala V	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Bazarko Daniel C/O ALEXION PHARMACEUTICALS, INC. 121 SEAPORT BOULEVARD BOSTON, MA 02210			SVP, Controller, CAO				
Signatures							
/s/ Douglas Barry, Attorney-in-Fact for Daniel Bazarko		03/04/201	19				
**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) This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.

This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$132.90- \$134.67. The price reported in(2) 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.

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.