Edgar Filing: Franchini Indrani Lall - Form 4

Franchini In Form 4	drani Lall										
March 04, 2	019										
FORM	14								OMB AF	PROVAL	
	Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287		
Check th if no lon subject to Section 1 Form 4 of Form 5	ger o STATE 16. or Filed pu	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							January 31Expires:2005Estimated averageburden hours perresponse0.5		
may con	obligations may continue. See Instruction 1(b). Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								I		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Franchini Indrani Lall			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., 121 SEAPORT BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 02/28/2019					Director 10% Owner X_Officer (give title Other (specify below) EVP, Chief Compliance Officer			
POSTON	(Street) 4. I File BOSTON, MA 02210				ate Origina r)	ıl		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
DOSTON,	WIA 02210							Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	 Execution any 		Code	4. Securi on(A) or Di (Instr. 3,	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 V	Amount 625 <u>(1)</u>	(D)	Price \$ 132.93 (2)	(Instr. 3 and 4) 27,281	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. 3. Transaction Date Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	erlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
I	Reporting Owner Name / Address Directo			Relationships or 10% Owner Officer					Ot	her	
C/O ALE 121 SEAI	i Indrani Lal XION PHA PORT BOU J, MA 02210	RMACEUTICAL ILEVARD	.S, INC.	EVP, Chief Compliance Officer					.cer		

03/04/2019

Date

Signatures

/s/ Douglas J. Barry, Attorney-in-Fact for Indrani L. Franchini

**Signature of Reporting Person

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- \$135.01. 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.

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.