

SYNAGEVA BIOPHARMA CORP

Form 3

June 29, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

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 ALEXION

PHARMACEUTICALS INC

(Last) (First) (Middle)

352 KNOTTER DRIVE,Â

(Street)

CHESHIRE,Â CTÂ 06410

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)

06/19/2015

3. Issuer Name and Ticker or Trading Symbol

SYNAGEVA BIOPHARMA CORP [GEVA]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

____ Director ____X__ 10% Owner
____ Officer ____ Other
(give title below) (specify below)

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group

Filing(Check Applicable Line)

____ Form filed by One Reporting Person

X Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned1. 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 \$0.001 per share,
of Synageva

21,021,124

I

Through direct, wholly owned
subsidiary (see explanatory note)

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

SEC 1473 (7-02)

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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
Derivative5. Ownership
Form of
Derivative
Security:6. Nature of Indirect
Beneficial Ownership
(Instr. 5)

Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE CHESHIRE, CT 06410	Â	Â X	Â	Â
Pulsar Merger Sub Inc (NOW ALEXION PHARMA LLC) (SEE EXPLANATORY NOTE) 352 KNOTTER DRIVE CHESHIRE, CT 06410	Â	Â X	Â	Â

/s/ Michael V. Greco, Alexion Pharmaceuticals, Inc., Vice President of Law and Corporate Secretary	06/29/2015
<u> </u> **Signature of Reporting Person	Date
/s/ Michael V. Greco, Alexion Pharma LLC (as successor in interest to Pulsar Merger Sub Inc.), Sole Manager	06/29/2015
<u> </u> **Signature of Reporting Person	Date

* 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).

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