

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>ALEXION PHARMACEUTICALS INC</u>  (Last) (First) (Middle) 352 KNOTTER DRIVE  (Street) CHESHIRE CT 06410  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/19/2015	3. Issuer Name and Ticker or Trading Symbol <u>SYNAGEVA BIOPHARMA CORP [ GEVA ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> 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 \$0.001 per share, of Synageva	21,021,124	I	Through direct, wholly owned subsidiary (see explanatory note)

**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 Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person\*  
ALEXION PHARMACEUTICALS INC  
 (Last) (First) (Middle)  
 352 KNOTTER DRIVE  
 (Street)  
 CHESHIRE CT 06410  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Pulsar Merger Sub Inc  
 (Last) (First) (Middle)  
 (NOW ALEXION PHARMA LLC)  
 (SEE EXPLANATORY NOTE) 352 KNOTTER DRIVE  
 (Street)  
 CHESHIRE CT 06410  
 (City) (State) (Zip)

**Explanation of Responses:**

**Remarks:**

This is a joint filing by Alexion Pharmaceuticals, Inc. ("Alexion") and Alexion Pharma LLC (as successor in interest to Pulsar Merger Sub Inc. ("Pulsar")), a direct, wholly owned subsidiary of Alexion. As previously announced, at midnight at the end of June 19, 2015, the exchange offer of Pulsar for all of the outstanding shares of Synageva BioPharma Corp. ("Synageva") expired. Alexion accepted for exchange all 21,021,124 shares of Synageva common stock validly tendered into the exchange offer and not properly withdrawn as of the expiration of the offer. Also as previously announced, on June 22, 2015, Alexion acquired all of the remaining shares of outstanding Synageva common stock through the merger of Pulsar with and into Synageva, with Synageva surviving the merger. Immediately following that merger, the corporation surviving that merger merged with and into Galaxy Merger Sub LLC, with Galaxy Merger Sub LLC surviving the merger and renamed "Alexion Pharma LLC."

/s/ Michael V. Greco, Alexion Pharmaceuticals, Inc., Vice President of Law and Corporate Secretary 06/29/2015

/s/ Michael V. Greco, Alexion  
Pharma LLC (as successor in  
interest to Pulsar Merger Sub  
Inc.), Sole Manager

06/29/2015

\*\* Signature of Reporting Person

Date

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

\* 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.

**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 Number.**