

ALBIREO PHARMA, INC.

Form 3

November 07, 2016

**FORM 3****UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL

OMB  
Number: 3235-0104Expires: January 31,  
2005Estimated 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 \*

ASTRAZENECA PLC

(Last) (First) (Middle)

2 KINGDOM STREET, A

(Street)

LONDON, A X0 A W2 6BD

(City) (State) (Zip)

2. Date of Event Requiring  
Statement

(Month/Day/Year)

11/03/2016

3. Issuer Name and Ticker or Trading Symbol  
ALBIREO PHARMA, INC. [ALBO]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 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

1,008,141 <sup>(1)</sup>

I

Held by AstraZeneca AB <sup>(2)</sup>Reminder: Report on a separate line for each class of securities beneficially  
owned directly or indirectly.

SEC 1473 (7-02)

**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 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)Date  
ExercisableExpiration  
Date3. Title and Amount of  
Securities Underlying  
Derivative Security  
(Instr. 4)Title  
Amount or  
Number of4. Conversion  
or Exercise  
Price of  
Derivative  
Security5. Ownership  
Form of  
Derivative  
Security:  
Direct (D)  
or Indirect6. Nature of Indirect  
Beneficial Ownership  
(Instr. 5)

Shares

(I)  
(Instr. 5)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
ASTRAZENECA PLC 2 KINGDOM STREET LONDON, X0 W2 6BD	Â	Â X	Â	Â
ASTRAZENECA AB C/O ASTRAZENECA PLC 2 KINGDOM STREET LONDON, X0 W2 6BD	Â	Â X	Â	Â

## Signatures

/s/ Peter A. Zorn, Attorney-in-fact for  
AstraZeneca PLC

11/07/2016

\_\_Signature of Reporting Person

Date

/s/ Peter A. Zorn, Attorney-in-fact for  
AstraZeneca AB

11/07/2016

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* 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).

(1) Represents shares of common stock of Albireo Pharma, Inc. (the "Issuer"), formerly known as Bidel Inc., issued in the share exchange transaction that was completed on November 3, 2016 pursuant to an Amended and Restated Share Exchange Agreement, dated as of July 13, 2016, by and among Bidel Inc., Albireo Limited ("Albireo") and the holders of Albireo shares and notes convertible into Albireo shares.

(2) AstraZeneca AB is a wholly-owned subsidiary of AstraZeneca PLC. AstraZeneca PLC may be deemed to beneficially own the shares held by AstraZeneca AB, but disclaims beneficial ownership except to the extent of its pecuniary interest therein, if any.

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### Remarks:

ExhibitÂ 24.1Â -Â PowerÂ ofÂ AttorneyÂ ofÂ AstraZenecaÂ PLC,  
ExhibitÂ 24.2Â -Â PowerÂ ofÂ AttorneyÂ ofÂ AstraZenecaÂ AB

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.