

ALBIREO PHARMA, INC.  
 Form 3  
 November 07, 2016

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

OMB APPROVAL

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**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)

<p>1. Name and Address of Reporting Person *</p> <p>ASTRAZENECA PLC</p> <p>(Last) (First) (Middle)</p> <p>2 KINGDOM STREET,Â</p> <p>(Street)</p> <p>LONDON,Â X0Â W2 6BD</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>11/03/2016</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>ALBIREO PHARMA, INC. [ALBO]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner  <input type="checkbox"/> Officer <input type="checkbox"/> Other                  (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input type="checkbox"/> Form filed by One Reporting Person  <input checked="" type="checkbox"/> Form filed by More than One Reporting Person</p>
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**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)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title	Amount or Number of		

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:

Exhibit 24.1 - Power of Attorney of AstraZeneca PLC,  
Exhibit 24.2 - Power of Attorney of AstraZeneca 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.