

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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>ASTRAZENECA PLC</u>  (Last) (First) (Middle) <u>1 FRANCIS CRICK AVENUE</u>  (Street) <u>CAMBRIDGE X0 CB2 OAA</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>ALBIREO PHARMA, INC. [ ALBO ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>12/01/2017</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, \$0.01 par value per share	12/01/2017		S		500,000	D	\$21.4	508,141	I	Held by AstraZeneca AB <sup>(1)</sup>

**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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person* <u>ASTRAZENECA PLC</u>  (Last) (First) (Middle) <u>1 FRANCIS CRICK AVENUE</u>  (Street) <u>CAMBRIDGE X0 CB2 OAA</u>  (City) (State) (Zip)		
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1. Name and Address of Reporting Person *		
<u>ASTRAZENECA AB</u>		
(Last)	(First)	(Middle)
C/O ASTRAZENECA PLC		
1 FRANCIS CRICK AVENUE		
(Street)		
CAMBRIDGE	X0	CB2 OAA
(City) (State) (Zip)		

**Explanation of Responses:**

1. All of these securities are owned by AstraZeneca AB, which is a wholly-owned subsidiary of AstraZeneca PLC. AstraZeneca PLC may be deemed to indirectly beneficially own the shares held by AstraZeneca AB, but disclaims beneficial ownership except to the extent of its pecuniary interest therein, if any. The principal business address of AstraZeneca AB is SE-151, 85 Sodertalje, Sweden.

**Remarks:**

<u>/s/ Adrian Kemp, for</u>	<u>12/05/2017</u>
<u>AstraZeneca PLC</u>	
<u>/s/ Jan-Olof Jacke, for</u>	<u>12/05/2017</u>
<u>AstraZeneca AB</u>	
** 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 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).

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.**