FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

5. Relationship of Reporting Person(s) to Issuer

0.5

| _ | or Form 5 obligations may continue. See Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 193- or Section 30(h) of the Investment Company Act of 1940 | | | | | | |
|---|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| | | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS, INC. [ALXN] | | | | | | |

| Name and Address of Reporting Person <u>Clancy Paul J</u> | | | | | ALEXION PHARMACEUTICALS, INC. [ALXN] | | | | | | | Director Officer (give title | ., | 10% Own | er cify below) | |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|-------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------|-------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------|
| | (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 07/10/2018 07/10/2018 | | | | | | | | | EVF | P, Chief Fina | ancial Officer | | | | |
| (Street) BOSTON M (City) (S | IA tate) | 022 (Zip | 210 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individ X | dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | т | Fable I - | Non-Der | ivative Se | curities A | cquired, [| Dispose | d of, or Ber | neficially Ow | ned | | | | |
| | | | | | | 3. Transaction 4. Securities Acquired (A) or Disposed Of (D) Code (Instr. 8) 3, 4 and 5) | | | ed Of (D) (Instr. | nstr. 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. | | | |
| | | | | | | | | Code V Amour | | ount | (A) or (D) | Price | (Instr. 3 and 4) | | 15(1. 4) | 4) |
| Common Stock, par value \$.0 | | 07/10/2 | 018 | | S | | 5,241(1) | D | \$131.11 | 93,309 | | D | | | | |
| | | | | Table | | | | | | of, or Bene rtible secur | ficially Owne ities) | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ersion Date ercise (Month/Day/Year) of utive | Execution Date, (if any (Month/Day/Year) | 4. Transa (Instr. 8) | ction Code | de 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities I Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following | Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisab | Expira Date | tion | | | res | Reported Transaction (Instr. 4) | n(s) | |

Explanation of Responses:

1. This sale was made to cover withholding taxes immediately following the vesting of previously gran ed Restricted Stock Unit

Remarks:

/s/ Doug Barry, Attorney-in-Fact for Paul

Clancy ** Signature of Reporting Person 07/12/2018

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. 76ff(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.

POWER OF ATTORNEY

Known all by these presents, that the undersigned hereby constitutes and appoints William Wheeler and Douglas Barry, each signing singly, the undersigned's true
(1) Execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Alexion Pharmaceuticals, Inc. (the "Company"), Forms
(2) Do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Forms 3, 4, 5 (or any s
(3) Take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best :
The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necess
This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, 5 (or any successor forms) and any

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 12 day of July, 2018.

/s/ Paul Clancy (signature) Paul Clancy