FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STAT	EME	NT OF	CHA	NG

SES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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).

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

Name and Address of Reporting Person* <u>KEISER DAVID W</u>					<u>AI</u>	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	•	irst) ARMACEUTIC IVE	(Middle)			Date o		est Tran:	action (Month/Day/Year)					X	Officer below)	(give title Presider	pive title Other (specibelow) President & COO		specify
(Street) CHESHI (City)		T tate)	06410 (Zip)		4. If Amendment, Date of C				f Original Filed (Month/Day/Year)					S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			ole I - Noi	n-Deriv	ative	e Se	curit	ies Ac	quired,	Dis	posed of	f, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3)		2. Transa Date	2. Transaction		2A. Deemed Execution Date,		3. 4. Secu Transaction Dispos Code (Instr. 5)		4. Securiti Disposed	rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		r	Beneficially Owned Follo		Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D) Pri		e	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Common Stock, par value \$.0001 02/			02/01	/2006			М		20,000	0 A S		10	111,009			D			
Common	Common Stock, par value \$.0001		02/01	1/2006				S		7,522	D	\$30	30.23 103		.03,487		D		
Common Stock, par value \$.0001		02/01	1/2006				S		8,160	D	\$30	30.22 95		,327		D			
Common Stock, par value \$.0001		02/01	01/2006				S		80	D	\$30	0.21	95,	247		D			
Common Stock, par value \$.0001		02/01	1/2006				S		3,198	D	\$3	0.2	92,	049		D			
Common Stock, par value \$.0001		02/01	1/2006				S		80	D	\$30	0.19	9 91,969		D				
Common	Stock, par	value \$.0001		02/01	/200	6			S		480	D	\$30	0.17	91,	489		D	
Common Stock, par value \$.0001 02.			02/01	/2006		S		240	D	\$30	\$30.16 91		,249		D				
Common Stock, par value \$.0001		02/01	/2006		S		240	D	\$30	\$30.15		,009		D					
			Table II -	Derivat	tive :	Seci	uritie	es Acq	uired, D	ispo	osed of,	or Ben	eficia	lly O	wned				
1. Title of Derivative Conversion or Exercise Price of Derivative Security Security		d 4 Date, T	4. Transaction Code (Instr.		5. Number n of		, options, conver 6. Date Exercisable and Expiration Date (Month/Day/Year)		able and	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		int 8	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amou or Numb of Share	er					
Option to Purchase Common Stock, par value \$.0001	\$10	02/01/2006			M			20,000	05/17/199	9 0	05/17/2006	Common Stock, par value \$.0001	20,00	00	\$0	3,005	5	D	
Explanation	n of Respons	ses:					•				'								

The sales reported by this Form 4 are made pursuant to the terms of a Sales Plan designed to meet the requirements of Rule 10b5-1 (c) (1) of the Securities Exchange Act. The Sales Plan was entered into by Mr. Keiser in July 2005.

/s/ David W. Keiser

02/03/2006

** 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.