FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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ĺ	OMB Number:	3235-0287
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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

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1. Name and Address of Reporting Person* Sinha Vikas						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
						ALXN]								X		er (give title		r (specify	
(Last)	(Fi	rst) (Middle)											Λ	belov	,	belov	v)	
C/O ALEXION PHARMACUETICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015										EVP	& CFO		
352 KNOTTER DRIVE																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line)	ndividual or Joint/Group Filing (Check Applicable e)				
(Street) CHESHIRE CT 06410															Form filed by One Reporting Person				
Cheshike Ci 06410					.										Form filed by More than One Reporting Person				
(City) (State) (Zip)																1011			
		Tabl	e I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	ed, Di	sposed o	f, or B	enefic	ially	Owne	ed			
Da Da				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 an			Beneficially Owned Following		ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
	Code	v	Amount					(A) or (D)	Price		Repor Trans (Instr.	rted action(s) 3 and 4)		(Instr. 4)					
Common Stock, par value \$.0001 per share 02/0				02/05/2	015				A		11,690(1)	A	\$	60	1	67,396	D		
Common Stock, par value \$.0001 per share 02/09/2					015				S		2,701(2)	D	\$174	.18 ⁽³⁾	1	64,695	D		
Common Stock, par value \$.0001 per share 02/09/20)15				S		2 ⁽²⁾	D	\$17	5.09	164,693		D		
		Та	ble II								osed of, convertib				vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution Date, if any			ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exer ation D th/Day/		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Secu (Inst	vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V		(D)	Date Exercisable		Expiration Date	or Numb of	Number						

Explanation of Responses:

- 1. On February 5, 2015, the Compensation Committee determined that the reporting person earned 11,690 Performance Share Units upon achievement of certain performance targets previously established by the Compensation Committee. 1/3 of such shares vested on February 5, 2015 and 1/3 vest on each subsequent anniversary.
- 2. This sale was made to cover withholding taxes immediately following the vesting of previously granted Performance Stock Units.
- 3. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$173.87 \$174.40. The price reported in this column reflects the weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at each price.

Remarks:

/s/ Michael Greco Attorney-in-Fact for Vikas Sinha

02/09/2015

** 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.