FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

2. Issuer Name and Ticker or Trading Symbol

OMB APPRO	VAL				
OMB Number:	3235-0287				
Estimated average burde	en				
hours per response:	0.5				

5. Relationship of Reporting Person(s) to Issuer

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

1. Name and Address of Reporting Person*

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

<u>Carmichael Clare</u>						ALEXION PHARMACEUTICALS INC [ALXN]								Director			10% Ow		
	st) (First) (Middle) O ALEXION PHARMACEUTICALS 2 KNOTTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 02/27/2015								X Officer (give title Other (specify below) EVP, Chief HR Officer					
(Street) CHESHI (City)		T ctate)	06410 (Zip)		_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ction 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				(A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)		
Common Stock, par value \$.0001 per share 02/27						/2015		A		5,100(1)	A	\$0	26,770		D				
Common Stock, par value \$.0001 per share 02/27					27/201	/2015		A		1,745(2)	,745 ⁽²⁾ A		28,515		D				
Common	Common Stock, par value \$.0001 per share 03/02/2					2015		S		706 ⁽³⁾	D	\$180.34	27,	27,809		D			
			Table II -								osed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (8)		Derivative		6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and of Securiti Underlying Derivative (Instr. 3 an	es g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	e V (A)		(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				
Option to Purchase Common Stock	\$180.37	02/27/2015			A		24,400 ⁽⁴⁾		02/27/2	016	02/27/2025	Common Stock, par value \$.0001 per share	24,400	\$0	24,400	0	D		
Option to Purchase Common Stock	\$180.37	02/27/2015			A		5,874 ⁽⁵⁾		02/27/2	016	02/27/2025	Common Stock, par value \$.0001 per share	5,874	\$0	5,874	,	D		

Explanation of Responses:

- 1. Award of Restricted Stock Units under the 2004 Incentive Plan. 25% vests on each anniversary of the grant date.
- 2. Award of Restricted Stock Units under the 2004 Incentive Plan. 1/3 vests on each anniversary of the grant date.
- 3. This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.
- 4.25% vests on the first anniversary of the grant date and 1/16 every three months thereafter.
- 5. 1/3 vests on each anniversary of the grant date.

Remarks:

/s/ Michael Greco, Attorney-in-Fact for Clare Carmichael

03/03/2015

** 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.