FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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

1. Name and Address of Reporting Person* MOJCIK CHRISTOPHER F						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN]							[(Cr	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC						3. Date of Earliest Transaction (Month/Day/Year) 09/21/2005							\dashv	helov		l Dev	below)	poony
352 KNOTTER DRIVE (Street) CHESHIRE CT 06410					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(S	•	(Zip)		-									Pers				
		Tab	le I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired, D	isp	osed c	of, or Be	neficial	ly Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,			Code (In	ion				Securi Benefi Owned	Securities For Beneficially (D		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	,	Amount	nt (A) or Pi				Transa		Instr. 4)
		7							uired, Dis s, options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (l 8)		of		6. Date Exer Expiration D (Month/Day/		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Exp Dat	piration te	Title	Amount or Number of Shares					
Option to Purchase Common Stock, par value \$.0001	\$27.58	09/21/2005			A		6,000		(1)	09/	21/2015	Common Stock, par value \$.0001	6,000	\$0	6,000)	D	

Explanation of Responses:

1. 1/16th vests every three months following the transaction date.

/s/ Christopher Mojcik

09/22/2005

** 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.