FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-028						

37 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 Sec	tion 30	0(h) of	f the In	ivestmer	nt Con	npany Act	of 19	940							
1. Name and Address of Reporting Person* <u>COUGHLIN CHRISTOPHER J</u>				2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN											all app	nship of Reporting Pe I applicable) Director		Person(s) to Issuer		
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC 100 COLLEGE STREET				3. Date of Earliest Transaction (Month/Day/Year) 06/15/2017												Officer (give title elow)		Other (specify below)		
(Street) NEW HAVEN CT 06510 (City) (State) (Zip)				4. If An	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	e I - Noi	n-Deriva	ative S	ecur	ities	Acq	uired,	Dis	posed o	f, o	r Ben	eficia	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execu	2A. Deemed Execution Date, if any (Month/Day/Year)					ties Acquired (A) I Of (D) (Instr. 3, 4				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price		Transa	action(s) 3 and 4)			(Instr. 4)
Common	Stock, par	value \$.0001 per share				7.1	6,333		Г											
		Та	ıble II - I								sed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year)		Date,	Transaction Code (Instr. 3)		of Derivative (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiratio (Month/D	on Date		Amount of Securities Underlying Derivative Security (Instr. and 4)		estr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Ind (I) (In:	ership 1: ct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

Remarks:

/s/ Michael Greco Attorney-in-06/16/2017 Fact for Christopher Coughlin

** 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.