## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person* Hallal David (Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC 352 KNOTTER DRIVE			2. Issuer Name and Ticker or Trading Symbol <u>ALEXION PHARMACEUTICALS INC</u> [ ALXN]	(Check all a	lationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner		
			3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015		ficer (give title low) Chief Operating	Other (specify below) g Officer	
(Street) CHESHIRE (City)	CT (State)	06410 (Zip)	<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> </ul>	Line) X Fo Fo	l or Joint/Group Filir rm filed by One Rep rm filed by More tha erson	0	

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or Brice		Transaction(s) (Instr. 3 and 4)		(1130.4)	
Common Stock, par value \$.0001 per share	02/05/2015		A		11,690 <sup>(1)</sup>	A	\$0	128,933	D		
Common Stock, par value \$.0001 per share	02/09/2015		S		2,920 <sup>(2)</sup>	D	\$173.93 <sup>(3)</sup>	126,013	D		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) or Dispo of (D)	posed (D) str. 3, 4		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

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 - \$173.98. 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-02/09/2015

Fact for David Hallal

\*\* 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.