FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | OMB APPROVAL | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burde | en | | | | | | | |
| l | 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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MOTOLA NANCY (Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [alxn] 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2003 | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) VP Regulatory & Quality | | | | | |
|--|---|--------------------------|--|-------|-------------------------------|---|--|-----|---|---|------------------|---|--|---------------------------------------|--|---|---|--|--|--|
| (Street) CHESHIRE CT 06410 (City) (State) (Zip) | | | | | 4. 1 | 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 | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | | ction 2A. Deemed Execution Date, | | | 3. 4. Se Transaction Code (Instr. 5) | | | neficial ed (A) or tr. 3, 4 and | 5. A Sec Ber | mount urities eficial | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | , | Amount | (A) or (D) | Price | Rep Tra | eported ansaction(s) astr. 3 and 4) | | (7, (| | (Instr. 4) | |
| 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 | Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Date, | 4. Transa Code (I 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | of Securities | | ies g Security | 8. Prio Deriva Secur (Instr. | tive ty 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owr Fori Ily Dire or Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | kpiration ate | Title | Amount or Number of Shares | | | | | | | |
| Option to purchase Common Stock, par value \$.0001 per share | \$17.67 | 09/23/2003 | | | A | | 10,000 | | (1) | 09 | 9/23/2013 | Common Stock, par value \$.0001 per share | 10,000 | \$0 | | 10,000 | 0 | D | | |

Explanation of Responses:

1. 1/16th vests every 3 months following transaction date.

Thomas I.H. Dubin

11/13/2003

** 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.