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 Section 30(h) of the Investment Company Act of 1940

							()				ompany Act							
1. Name and Address of Reporting Person* Moriarty John B					<u>AI</u>	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]								Check	all app	licable)	g Person(s) to I 10% (Other	
(Last) (First) (Middle) ALEXION PHARMACEUTICALS 352 KNOTTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 02/05/2015								Х	X Officer (specify below) EVP & General Counsel			
(Street) CHESHIRE CT 06410 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Indiv ine) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - N	on-Deriv	ative	Seci	uritie	es Ac	quire	d, Di	sposed o	f, or B	enefici	ally	Owne	ed		
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y					Execution Date,		Date,	3. Transaction Code (Instr. 8)				5)	5. Amount of Securities Beneficially Owned Follow Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)		(11150.4)
Common Stock, par value \$.0001 per share 02/05/201					015	15		A		8,760(1)	A	\$0)	29,722		D		
Common Stock, par value \$.0001 per share 02/09/201					015	15		S		1,455(2)	D	\$174.	\$174.16 ⁽³⁾		8,267	D		
		Та	ble II								osed of, convertib				vned			,
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration I (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date		Amount or Number of Shares					

Explanation of Responses:

- 1. On February 5, 2015, the Compensation Committee determined that the reporting person earned 8,760 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 \$174.35. 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 John B. Moriarty

** 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.