Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject	STAT
to Section 16. Form 4 or Form 5	
obligations may continue. See	

## EMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*     HANTSON LUDWIG						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS, INC.  [ ALXN ]							(Ch	$ \begin{array}{ll} \text{5. Relationship of Reporting Person(s) to Issuer} \\ \text{(Check all applicable)} \\ \text{X} & \text{Director} & \text{10\% Owner} \end{array} $					
l	(Fir EXION PHA PORT BLV	ARMACEUTIC.	Middle)	NC.	3. Da	3. Date of Earliest Transaction (Month/Day/Year) 07/14/2021								X Offic below	,	EO	Other (below)	specify	
(Street) BOSTO			2210 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Ap Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person										on				
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Da		Date,		4. Securitie Disposed ( de (Instr. 5)					d Secur Benef Owne	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	() or ()	Price	Repor Transa (Instr.	ection(s) 3 and 4)			(Instr. 4)
Common Stock, par value \$.0001 per share 07/14/2					021				A		120,894 <sup>(1)</sup> A		A	\$0	4	470,060		D	
Common Stock, par value \$.0001 per share 07/14					2021				A		119,847	7 <sup>(2)</sup> A		\$0	58	589,907		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)	ve Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Which is the converse of the convers				of	r osed (1. 3, 4	6. Date Expirati (Month/	ion Da	ear) Securities Underlying Derivative Security (In: 3 and 4)		str.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Amor or Numl of Title Share		ber					

## **Explanation of Responses:**

- 1. On July 14, 2021 the Leadership and Compensation Committee certified that certain performance metrics under previously granted performance stock units were satisfied. These performance stock units were previously granted in February 2019 under the 2017 Stock Incentive Plan.
- 2. On July 14, 2021 the Leadership and Compensation Committee certified that certain performance metrics under previously granted performance stock units were satisfied. These performance stock units were previously granted in February 2020 under the 2017 Stock Incentive Plan.

## Remarks:

/s/ Douglas Barry, Attorneyin-Fact for Ludwig Hantson

07/16/2021

\*\* 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.