FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								

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

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

1. Name and Address of Reporting Person* BELL LEONARD					2. IS A I	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
														X Direc		ctor	10% Owner		
(Last)	(Fi	rst) (Middle)			11111111								X	Offic belov	er (give title w)		Other (specify below)	
C/O ALEXION PHARMACEUTICALS INC					3. Date of Earliest Transaction (Month/Day/Year) 08/04/2014								CEO						
352 KNOTTER DRIVE																			
(Street) CHESHIRE CT 06410				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
													X Form filed by One Reporting Person						
														Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																
		Tabl	e I - N	on-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or B	enefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst				Securi Benefi Owner		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock, par value \$.0001 per share 08/04/20					014	014			S		5,145(1)	D	\$157	\$157.88 ⁽²⁾		1,027,186			
	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)	Execution Date, if any			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exerc ation D h/Day/`		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Secu (Inst	vative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares	1					

Explanation of Responses:

- 1. This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.
- 2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$157.65 \$158.09. 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-08/05/2014 **Fact**

** 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.