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 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

1. Name and Address of Reporting Person*  KEISER DAVID W  (Last) (First) (Middle)  C/O ALEXION PHARMACEUTICALS INC  352 KNOTTER DRIVE  (Street)  CHESHIRE CT 06410  (City) (State) (Zip)						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]  3. Date of Earliest Transaction (Month/Day/Year) 06/07/2006  4. If Amendment, Date of Original Filed (Month/Day/Year)							[ (	X X i. Indi i.ine) X	Officer (give title below)  President & C  dividual or Joint/Group Filing			10% Owner Other (specify below) COO g (Check Applicable orting Person	
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)					action Pay/Year	ction 2A. Deemed Execution Date,			3. Transac Code (I 8) Code	ction nstr. V	Amount (A) or P			ind e	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
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)		ransact ode (Ins	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ve es d ed nstr.	6. Date Exercisab Expiration Date (Month/Day/Year)		ble and 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		d Amou ies g s Securit nd 4)	nt 8 E S	. Price of Perivative 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)
Option to Purchase Common Stock, par value \$.0001	\$32.7	06/07/2006			A		12,000		(1)	0	6/07/2006	Common Stock, par value \$.0001	12,00	00	\$32.7	12,000	)	D	

## **Explanation of Responses:**

1. 1/16th vests every three months following the transaction date.

/s/ David Keiser 06/09/2006

\*\* 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.