FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ ALXN ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
ICLIOL	AL	Directo	or		10% Ov											vner						
(Last)	(F	irst)												Officer below)			Other (s below)	specify				
C/O ALI	EXION PH		3. Date of Earliest Transaction (Month/Day/Year) 03/10/2006											Presider	ıt &	COO						
352 KNO	OTTER DR	05/	03/10/2000																			
			- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable							
(Street)												•			Line)							
CHESHI	IRE C'	Γ	06410												X		•		orting Perso			
	-											Form filed by More than One Reporting Person										
(City)	(S	tate)	(Zip)													. 0.00						
		Tab	la I. Nia	n Davi		<u> </u>		i		المميني	\:-·				: - 11.	. 0	<u> </u>					
		Iab	le I - No	n-Deri	vative	s Se	curit	les A	cqu	uirea, i	וצוכ	oosea c	or, or B	enetic	any	Owned	1					
1. Title of	Security (Ins	tr. 3)		2. Trans	saction		2A. Deemed Execution Date.		<u>.</u>	3. 4. Securitie			ties Acqu d Of (D) (II							7. Nature of Indirect		
					/Day/Yea	ar)   i	if any (Month/Day/Year)		'	Code (Instr.		5)			Benefic			(D) d	D) or Indirect () (Instr. 4)	Beneficial Ownership		
								(WOIIII/Day/Teal)				<u> </u>				Reported Transaction(s)		(1) (111341. 4)		(Instr. 4)		
							Code	V	Amount	(A) (D)	" Pri	ce	(Instr. 3									
Common	Stock, par	0/2006	2006				M		3,005 A			510	94,014			D						
Common Stock, par value \$.0001 03/10/							2006			S		3,005 D		\$3	8.35	5 91,009			D			
			abla II	Dorive	- tive (	Caa		- A	:	red Di	000		or Do	a oficia	. II							
		'	able II -									onverti				Jwneu						
1. Title of	2.	4.		5. Number		6. Date Exercisa		able and 7. Title and		8. Price of		9. Number of		10.	11. Nature							
Derivative Security (Instr. 3)	Conversion or Exercise Price of	Date (Month/Day/Year)	Execution if any	,	Transactio Code (Insti 8)		Deri			Expiration Da (Month/Day/Yo		r)	Amount of Securities Underlying		- [:	Derivative Security Instr. 5)	derivative Securities Beneficially	,	Ownership Form: Direct (D)	p of Indirect Beneficial		
Derivative					0)		Acquired (A) or Disposed of (D) (Instr. 3, 4			Derivative Secu (Instr. 3 and 4)						1115(1. 5)	Owned	1	or Indirect	(Instr. 4)		
Security															Following Reported		(I) (Instr. 4)					
																Transaction(s) (Instr. 4)						
							and 5)				_				_							
														Amou	ınt							
									L.	ate	_	xpiration		Numl	oer							
			<u></u>		Code	v	(A)	(D)		kercisable		ate	Title	Share	es		<u></u>					
Option to															$\top$							
Purchase Common	\$10	03/10/2006			\ \ \ \		1	3,005	١,,	5/17/1999		5/17/2006	Common Stock,	3,00	ر ا ا	\$0	0		D			
Stock, par value	\$10	03/10/2006			M		1	3,005		5/1//1999		3/1//2006	par value \$.0001	3,00	ן כו	ΦU	"		ע			
\$.0001							1						φ.0001		- 1							

## **Explanation of Responses:**

## Remarks:

The sales reported by this Form 4 are made pursuant to the terms of a Sales Plan designed to meet the requirements of Rule 10b5-1 (c) (1) of the Securities Exchange Act. The Sales Plan was entered into by Mr. Keiser in July 2005

/s/ David W. Keiser 03/14/2006

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.