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										

0.5

hours per response:

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

Name and Address of Reporting Person* <u>Sinha Vikas</u>				<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) C/O ALEXION PHARMACUETICALS, INC. 352 KNOTTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 11/06/2014								X Officer (give title Other (specify below) EVP & CFO				
(Street) CHESHIRE CT 06410 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tal	ole I - No	n-Deri	ivativ	e Se	curit	ties Ac	quired,	Dis	posed of	f, or Bei	neficial	y Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					2A. Deemed Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			Benefici Owned F	es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock, par value \$.0001 per share 11/06/2					06/201	2014		М		5,693(1) A	\$17.9	8 168	168,463		D		
Common Stock, par value \$.0001 per share 11/06/2				06/201	2014		S		5,693(1) D	\$195	162	162,770		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)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Dat if any (Month/Day/Ye	Date,	ate, Transa Code (6. Date Exercisa Expiration Date (Month/Day/Yea		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	Own Form Direct or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
							(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)		
Option to Purchase Common Stock	\$17.98	11/06/2014			M			5,693 ⁽¹⁾	04/26/20	009	01/26/2019	Common Stock, par value \$.0001 per share	5,693	\$0	56,83	2	D	

Explanation of Responses:

 $1. \ The \ transaction \ is \ made \ pursuant \ to \ the \ terms \ of \ a \ sales \ plan \ designed \ to \ meet \ the \ requirements \ of \ Rule \ 10b5-1(c)(1) \ of \ the \ Securities \ Exchange \ Act.$

Remarks:

/s/ Michael Greco, Attorney-in-

Fact

** Signature of Reporting Person

11/10/2014

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.