FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* BELL LEONARD | | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC alxn | | | | | | | | | 5. Relationship of Reportin (Check all applicable) X Director | | | g Person(s) to Issuer 10% Owner | |
|--|---|--|--|--------|---------------------------------------|---|--|---|--|---------------|--|---|-------------------|--------------------------------|--|--|--------|--|--|------------|
| (Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE | | | | | 3. E 10/ | 3. Date of Earliest Transaction (Month/Day/Year) 10/16/2006 | | | | | | | | | | X Officer (give title below) Other (specify below) Chief Executive Officer | | | | |
| (Street) CHESHIRE CT 06410 (City) (State) (Zip) | | | | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable lee) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/i | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 5. Amour Securitie Beneficia Owned F | Formula (D) (I) (I) (I) (I) (I) (I) | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | C | ode | v | Amount | (A) or (D) Pri | | се | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common Stock, par value \$0.0001 per share 10/16/ | | | | | | 2006 10/16/2006 | | | М | | 30,000 | 0 A | \$1 | 0.38 | 360,399 | | | D | | |
| COmmon Stock, par value #0.0001 per share 10/16/ | | | | | 6/2006 | 2006 10/16/200 | | | | S | | 15,600 | 0 D | \$3 | 87.85 | 344 | ,799 | | D | |
| Common Stock, par value \$0.0001 per share 10/16/. | | | | | 6/2006 | 2006 10/16/2006 | | | S | | 4,500 | D | \$3 | 87.87 | 7 340,299 | | | D | | |
| | | ٦ | Γable II - Ε | | | | | | | | | sed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, T | 4. Transactio Code (Instr 8) | | of Deri Seci Acq (A) o Disp of (E | vative urities uired or oosed O) (Instr. and 5) | 6. Date Exercisa Expiration Date (Month/Day/Year | | | of Securities | | | 3. Price of Derivative 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) | |
| | | | | C | Code | v | (A) | (D) | Date Exer | e rcisable | | expiration pate | Title | Amo or Num of Shar | ber | | | | | |
| Option to purchase Common Stock | \$10.38 10/16/2006 10/16/2008 | | 08 | М | | | 30,000 | 04/0 | 01/2001 | L 0 | 4/01/2007 | Common Stock, par value \$0.0001 | 30,0 | 000 | \$0 | 90,000 | 0 | D | | |

Explanation of Responses:

Leonard Bell

10/17/2006

** 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.