FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | en |
| l | hours per response: | 0.5 |

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| J | 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

| | | | | | | | . , | | | | | | | | | | | | |
|--|---|--|--|-----|------|--|-----|---|---|------------------------------|--------------------|---|--|---|-------------------------------------|---|---|--|--|
| | d Address o | | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
| 11/11/15 | LAL | ALXN] | | | | | | | | | Direc | tor | 10% (| Owner | | | | | |
| (Last) (First) (Middle) | | | | | | 1 | | | | | | | | | Officer (give title below) | | Other below | (specify) | |
| C/O ALE | XION PH | ARMACEUTICA | ALS II | NC. | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | C | EO | | |
| | LEGE ST | | 10, 11 | 10. | 01/ | 01/02/2018 | | | | | | | | | | | | | |
| 100 COL | LEGE 31 | XEET | | | 4.16 | | | | | | | | | | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW HA | VEN C | т (| 06510 | | | | | | | | | | | X | Form filed by One Reporting Person | | | | |
| NEW HAVEN CI 00010 | | | | | | | | | | | | | | | rm filed by More than One Reporting | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | | nd 5) Secu Bend Own | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | | | action(s) 3 and 4) | | (Instr. 4) | |
| Common share | 018 | 18 | | S | | 2,553(1) | D | \$121 | .63 ⁽²⁾ | 3 | 6,172 | D | | | | | | | |
| | | Та | ıble II | | | | | | | | osed of, o | | | | vned | | | , | |
| 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 | | | ransaction code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | e Exerc tion D n/Day/` | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

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 \$121.00 \$121.99. 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:

Michael V. Greco, Attorney-in-Fact for Ludwig Hantson

** 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.