UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 OMB Number: Estimated average burden 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).

FORM 4

Check this box if no longer subject or Form 5 obligations may continu	t to Section 16. I.e. See Instruction	Form 4 In 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									hours per resp		0.5	
1. Name and Address of Reporting Person [*] Goff Brian														Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title below) Other (specify b			
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC. 100 COLLEGE STREET						3. Date of Earliest Transaction (Month/Day/Year) 06/08/2018							EVP & Chief Commercial Officer				
(Street) NEW HAVEN C	Т	06:	510		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individ X	i. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (S	State)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)						2. Transaction Date (Month/Day/Year) 2A. Deem Executior if any (Month/Da		Code (Instr.	ode (Instr. 8) 3, 4 and		· · · · · · · · · · · · · · · · · · ·		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership Form: rect (D) or Indirect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par value \$.0		06/08/2			s		1,645 ⁽¹⁾	D	\$118.53	36,257		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)	tle of Derivative Security (Instr. 2. Conversion or Exercise Price of Derivative Security 2. (Month/Day/Year)				tion Code	Securities Ac	urities Acquired (A) or losed of (D) (Instr. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Owned Following	of 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisat	le Expir	tion Title		Amount or Number of Sha	res	Reported Transaction(s) (Instr. 4)	(s)			

Explanation of Responses:

1. This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.

Remarks:

I

<u>/s/ Doug Barry, Attorney-in-Fact for Brian Goff</u> 06/11/2018 ** 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.

POWER OF ATTORNEY

Known all by these presents, that the undersigned hereby constitutes and appoints William Wheeler and Douglas Barry, each signing singly, the undersigned's true
(1) Execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Alexion Pharmaceuticals, Inc. (the "Company"), Forms
(2) Do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Forms 3, 4, 5 (or any s
(3) Take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best :
The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necess
This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, 5 (or any successor forms) and any

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 8th day of June, 2018.

/s/ Brian Goff (signature) Brian Goff