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 |
|--|
| 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* <u>Wagner Heidi L</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN] | | | | | | | | | ship of Reportir applicable) irector fficer (give title | 10% | Issuer Owner (specify | | | |
|---|---|--|-----------------|--------------------------|--|---|--|-------|-----------------------------------|-----------------------|---------------------|--|-------------------------------|-----------------------|---|---|---|--|--|--|--|
| (Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC 100 COLLEGE STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2018 | | | | | | | | | X Officer (give fitter of their (specify below) SVP, Global Government Affairs | | | | | | |
| (Street) NEW HAVEN CT 06510 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Lin | e) <mark>X</mark> F F | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Acc | uired, | , Dis | posed o | f, or | Bene | ficia | ly Ov | ned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | Date, | Transaction Disposed Code (Instr. | | | ties Acquired (A) of (D) (Instr. 3, 4 | | | 5) See Be Ow | Amount of curities neficially aned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | v | Amount | (A) (D) | or | Price | Tra | ported nsaction(s) str. 3 and 4) | | (Instr. 4) | | | |
| Common | Stock, par | value \$.0001 per | share | 02/27/ | 2018 | T | | | S | | 244(1) |] |) | \$120. | 72 | 49,594 | - | | | | |
| Common | Stock, par | value \$.0001 per | share | 02/28/ | 2018 | | | | S | | 454(1) | |) | \$ <mark>118</mark> . | 61 | 49,140 | D | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | Own | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Executio if any | Execution Date, f any | | 4. Transaction Code (Instr. 8) | | n of | | Exercison Date Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | | 3. Price Derivativ Security (Instr. 5) | e derivative | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| -vnlanation | | | | | Code V | | (A) | | Date Exercisa | | | Title | Amo or Num of Sha | ber | | | | | | | |

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

Remarks:

/s/ Michael V. Greco, Attorney-03/01/2018 in-fact for Heidi Wagner

** 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.