Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Section 16. Form 4 or Form 5		
obligations may continue. See		

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* LINK MAX					<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]								Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner				
	EXION PH	ARMACEUTIC.	(Middle) ALS INC.			3. Date of Earliest Transaction (Month/Day/Year) 06/07/2006							Offic belo	er (give title w)		Other (s below)	pecify	
352 KNOTTER DRIVE (Street) CHESHIRE CT 06410			4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)		-									Per			·	
		Tab	le I - Non	-Deriv	/ative	e Se	curities	Acc	quired, D	isp	osed o	f, or Be	neficial	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		, Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		Secui Benet	cially I Following	Form	Direct of Endirect Estr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code V	_	Amount	(A) or (D)	Price	Trans	iction(s) 3 and 4)			(Instr. 4)		
		7	Table II - I (uired, Dis , options					Owne				
1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) if any (Month/Day/		ransaction Code (Instr.					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivativ Security (Instr. 5)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisable		kpiration ate	Title	Amount or Number of Shares					
Option to Purchase Common Stock, par value \$.0001	\$32.7	06/07/2006			A		10,000		(1)	06	6/07/2016	Common Stock, par value \$.0001	10,000	\$32.7	10,00	0	D	

Explanation of Responses:

1. These options will vest quarterly in four equal installments of 2,500 options during one year commencing June 7, 2006 and ending June 7, 2007.

/s/ Max Link

06/09/2006

** 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.