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(h)	

## 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*  BOWDISH KATHERINE S  (Last) (First) (Middle)  C/O ALEXION PHARMACEUTICALS INC  352 KNOTTER DRIVE  (Street)  CHESHIRE CT 06410						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC alxn  3. Date of Earliest Transaction (Month/Day/Year) 07/12/2004  4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     X Officer (give title Other (specify below)     Senior Vice President      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
(City) (State) (Zip)															Form filed by More than One Reporting Person				eporung
		Tabl	e I - Noi	າ-Deriv	ative	Se	curiti	es Ac	quired,	Dis	posed o	f, or	Ben	efici	ally (	Owne	ed		
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)						ar)   i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secur Benef		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect	
										v	Amount	(A	A) or O)	Price	Price		action(s) 3 and 4)		(1113111 4)
Commom Stock, par value \$.0001 07/12/						′2004					1,300		D	\$16.64		35,896		D	
Common Stock, par value \$.0001 07/12/					2/2004	2004			S		700		D	\$16.61		35,196		D	
		Та									sed of, onvertib					vned			,
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Trans Code			ı of li		6. Date E Expiration (Month/E	n Dat	Amount of		J	8. 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)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount mber ares					

**Explanation of Responses:** 

Katherine S. Bowdish

07/19/2004

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).