FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden	
hours per response:	0.5

$\overline{}$	Check this box if no longer subject to Section 16. Form 4
1 1	or Form E obligations may continue Coe Instruction 1/b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						or Sectio	n 30(h) of the	Investme	nt Com	pany Act of	f 1940									
1. Name and Address of Reporting Person* LAW ANNE-MARIE					2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]									5. Relationship of Reporting Pe (Check all applicable) Director		10% Owner				
(Last) C/O ALEXION PHARMA 100 COLLEGE STREET	C/O ALEXION PHARMACEUTICALS, INC.							3. Date of Earliest Transaction (Month/Day/Year) 06/08/2018								X Officer (give title below) Other (specify below) EVP and CHRO				
(Street) NEW HAVEN (City)	CT (State)	06. (Zip	510		4. If Amer	ndment, Date o	of Original File	ed (Month/	/Day/Ye	ar)			6. Indivic	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
			7	Гаble I -	Non-Der	ivative Sed	curities Ad	quired	, Disp	osed of	, or Bene	ficially Ow	ned							
1. Title of Security (Instr. 3)					2. Transact Date	Execu	Execution Date,		3. Transaction 4. Securi Code (Instr. 8) 3, 4 and		rrities Acquired (A) or Disposed Of (D d 5)		ed Of (D) (Instr.	Beneficially Owned Fo		Ownership Form:				
					(Month/Day		h/Day/Year)	Code	v	Amount		(A) or (D)	Price	(Instr. 3 and 4)						
Common Stock					06/08/2	018		S		1,8	862(1)	D	\$118.53	29,450		D				
				Table		ative Secu puts, calls							ed							
1. Title of Derivative Security (Ins. 3)	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) of utive	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		de 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	9. Number of derivative Securities Beneficially Owned Following	Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
Security				Code	v	V (A) (D)		Date Exercis		Expiration Date			Amount or Number of Sha	ures	Reported Transaction (Instr. 4)	n(s)				

Explanation of Responses:

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

Remarks:

/s/ Doug Barry, Attorney-in-fact for Anne-Marie Law
** 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).

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

* If the form is filed by more than one reporting person, see Is 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 5
- (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, neces:

 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 11 day of June, 2018.

/s/ Anne-Marie Law (signature)

Anne-Marie Law