FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 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

1. Name and Address of Reporting Person* Franchini Indrani Lall					<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS, INC. [ALXN]										c all applic Director	able)	g Perso	on(s) to Issu 10% Ov Other (s	vner	
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC. 121 SEAPORT BOULEVARD							3. Date of Earliest Transaction (Month/Day/Year) 07/21/2021									below)		mplia	below)	·	
(Street) BOSTON MA 02210 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indiv ine) X						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution D			΄ cα	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Securiti Benefic Owned		s ally ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
										ode V		Amount	(A) o (D)	r Prio	e	Reported Transact (Instr. 3 a	tion(s)			Instr. 4)	
Common Stock, par value \$.0001 per share 07/21/.					21/202	2021				D		116,075 ⁽¹⁾ D		,	\$ <mark>0</mark>		0		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Date,	4. Transaci Code (In 8)				6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		[B. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	ate xercisable		xpiration vate	Title	Amou or Numb of Share	er						
Option to Purchase Common Stock	\$100.14	07/21/2021			D			25,165	06/07	⁷ /2018 ⁽²⁾		6/07/2027	Common Stock, par value \$.0001 per share	25,1	65	\$100.14	0		D		

Explanation of Responses:

- 1. Represents shares of Alexion common stock disposed in connection with the Agreement and Plan of Merger (the "Merger Agreement") dated as of December 12, 2020, by and among Alexion and AstraZeneca PLC. In accordance with the Merger Agreement, upon the First Effective Time (as defined in the Merger Agreement), each share of Alexion common stock was converted into the right to receive (i) 2.1423 American Depositary Shares (ADSs) of AstraZeneca PLC and (ii) \$60.00 in cash (the "Merger Consideration").
- 2. Upon the First Effective Time, these options were cancelled and converted into the right to receive the product obtained by multiplying (A) the excess, if any, of the value of the Merger Consideration over the exercise price per share of the Alexion common stock subject to such options immediately prior to the First Effective Time by (B) the number of shares of Alexion common stock subject to such option immediately prior to the First Effective Time by (ii) the value of the Merger Consideration.

Remarks:

/s/ Douglas J. Barry, Attorneyin-Fact for Indrani L. Franchini

07/23/2021

** 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.