FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours ner resnonse.	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

Name and Address of Reporting Person* BELL LEONARD						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]									all applic Directo Officer	able)	g Pers	10% Ov Other (s	vner		
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 01/04/2010									X Officer (give title Officer (specify below) CEO						
(Street) CHESHI (City)		tate)	06410 (Zip)		_	Lin										Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	tion 2A. Deemed Execution Date,		3. 4. Securities Disposed O' Code (Instr.			s Acquire	d (A) or		5. Amount of Securities Beneficially		6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial			
					Jayi i ca		(Month/Day/Year)		8)	v	Amount	mount (A) or Pric			Owned Following Reported Transaction(s) (Instr. 3 and 4)		(I) (Instr. 4)		Ownership (Instr. 4)		
Common	common Stock, par value \$.0001 per share 01/04/2					010			M		40,000(1) A	\$32	2.25	893	3,499		D			
Common	Common Stock, par value \$.0001 per share 01/04/2					010			S		22,710(1) D	\$48	.22(2)	870	0,789		D			
Common	Stock, par	value \$.0001 per	share	01/04	1/2010				S		15,100 ⁽¹) D	\$49	.31 ⁽³⁾	³⁾ 855,689 D						
		-	Гable II								posed of, convertil				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transa Code (8)				6. Date Exercis. Expiration Date (Month/Day/Yea		ate	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er							
Option to Purchase Common	\$32.25	01/04/2010			M			40,000	10/31/20	000	07/31/2010	Common Stock, par value \$.0001	40,0	00	\$0	0		D			

Explanation of Responses:

- 1. The transactions reported by this Form 4 are made pursuant to the terms of a sales plan designed to meet the requirements of Rule 10b5-1 (c)(1) of the Securities Exchange Act.
- 2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$47.87 \$48.87. The price reported in this column reflects the weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at each price.
- 3. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$48.88 \$49.88. The price reported in this column reflects the weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at each price.

/s/ Leonard Bell

01/05/2010

** 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.