FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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*  ORLOFF JOHN J						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS, INC. ALXN									k all app Direc Office	ionship of Reportin all applicable) Director Officer (give title		10% Ov	wner
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC 121 SEAPORT BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 12/16/2020										Research			
(Street) BOSTON MA 02210					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Z	Zip)																
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	uired	l, Dis	sposed of	or B	enef	icially	Own	ed			
Dat				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Securi Benefi Owned		ties cially I Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Pri	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock, par value \$.0001 per share				12/16/2020					A		40,677(1)	A		\$0	85	85,206		D	
Common Stock, par value \$.0001 per share				12/16/2020				F		18,134 <sup>(2)</sup>	D	\$1	57.96	67,07		D			
Common Stock, par value \$.0001 per share				12/16/20	020				F		3,261(3)	D	\$1	57.96	63	3,811		D	
Common share	mmon Stock, par value \$.0001 per re			12/15/2020					A	v	40(4)	A	\$9	93.53	53 63,851		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)	erivative Conversion Date ecurity or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exer ation D h/Day/		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei Sed (Ins		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date		Amou or Numb of Share	er					

## **Explanation of Responses:**

- 1. Shares acquired on vesting of Performance Stock Units previously granted on February 28, 2018 under the 2017 Stock Incentive Plan.
- 2. This sale was made to cover withholding taxes immediately following the vesting of previously granted Performance Stock Units.
- 3. This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.
- 4. In accordance with the Alexion ESPP, these shares were purchased (for the ESPP purchase period from July 1, 2020 to December 15, 2020) based on 85% of the share price on July 1, 2020.

## Remarks:

/s/ Douglas Barry, Attorneyin-Fact for John Orloff \*\* Signature of Reporting Person

12/18/2020

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.