FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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								Estimated average burden hours per response: 0.5			0.5	
1. Name and Address of Reporting Person [*] Carino Tanisha					2. Issuer Name and Ticker or Trading Symbol <u>ALEXION PHARMACEUTICALS, INC.</u> [ALXN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below)				
Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC. 121 SEAPORT BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 07/14/2021									EVP & CCAO				
(Street) BOSTON MA 02210					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individ X	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
D				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any				Securities Acquired (A) or Dispos) (Instr. 3, 4 and 5)		· /	Of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form Direct (D) or Indirect (I) (Instr. 4	Indirect	
							(Month/Day/Year)		v	Amount (A) c		(A) or (D)	Price				Ownership (Instr. 4)	
Common Stock, par value \$.0001 per share					/14/2021	/2021		Α		25,8	13 ⁽¹⁾	Α	\$ <mark>0</mark>	59,226		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)	Execution Date, if any (Month/Day/Year)	4. Trans Code (Ir		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)		e	7. Title and Amount of Se Underlying Derivative Se 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following	ve Ownership es Form: Dire ally (D) or Indirect (I)		
				Code	v	(A)	(D)	Date Exercisa	Date Expiration Exercisable Date		Nu		Amount or Number of Shares		Reported Transacti (Instr. 4)	d tion(s)		

Explanation of Responses: On July 14, 2021 the Leadership and Compensation Committee certified that certain perfo Incentive Plan. satisfied. These performance stock units were previously granted in February 2020 under the 2017 Stock units

Remarks:

/s/ Douglas Barry, Attorney-in-Fact for 07/16/2021 Tanisha Carino

** Signature of Reporting Person

Date

OMB APPROVAL

3235-0287

OMB Number:

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.

POWER OF ATTORNEY

Known all by these presents, that the undersigned hereby constitutes and appoints William Wheeler and Douglas Barry, each signing singly, (1) Execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Alexion Pharmaceuticals, Inc. (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

(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 be The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whats 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 s IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 20th day of October, 2019.

> /s/ Tanisha Carino (signature) Tanisha Carino