FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

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

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1. Name an <mark>Sinha V</mark>	<u>AI</u>	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN									ck all app Direc	olicable) ctor	g Person(s) to I	Owner							
	(Fii XION PHA TTER DRI	ARMACUETICA	Middle)	IC.	3. Date of Earliest Transaction (Month/Day/Year) 02/04/2013 4. If Amendment, Date of Original Filed (Month/Day/Year)							7	C Officer (give title below) Other (specify below) EVP & CFO								
(Street) CHESHIRE CT 06410 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In Line	Forn	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - No	on-Deriva	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or I	3ene	ficiall	y Own	ed					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution D			3. Transa Code (8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a				Secur	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	ount (A) or Prid		rice	Trans		action(s) 3 and 4)	(11150.4)			
Common	Stock, par v	alue \$.0001 per	share	02/04/2	013				S		2,311(1)	Γ	\$	95.61 ⁽	2) 3	09,327	27 D				
Common	Stock, par v	alue \$.0001 per	share	02/04/2	013				S		1,102(1)	I	9	96.17	3) 3	08,225	D				
Common	Stock, par v	alue \$.0001 per	share	02/04/2	013				S		70(1)	Ι)	\$96.54	3	08,155	D				
		Та	ıble II -								osed of, convertib				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/II)	on Date, (I. Fransa Code (I	nstr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirati (Month/	ion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) Amou or Numb of Title Share		ir. 3	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. These shares were sold to cover taxes due from vesting of RSUs on 2/2/13.
- 2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$95.00 \$95.99. 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 \$96.00 \$96.99. 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.

Remarks:

/s/ Vikas Sinha

02/06/2013

** 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.