FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							

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

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* SQUINTO STEPHEN P					<u>AI</u>	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN]										all app Direc	olicable)		ssuer Owner (specify	
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/10/2008									Λ	belov E	,	below d of Research	,	
(Street) CHESHIRE CT 06410 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Nor	ո-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	eficia	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Executary if an		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and Se Be Ov		ount of ities icially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							v	Amount		(A) or (D)	Price		Transa	action(s) 3 and 4)		(11301.4)				
Common Stock, par value \$.0001 per share 03/10/3)/2008			S		159(1)	D \$50		\$56	6.05 15,901		5,901	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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)			ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	or Nur of	nber						

Explanation of Responses:

1. These sales were made to cover the withholding taxes immediately following the vesting of previously granted Restricted Stock.

/s/ Stephen Squinto

03/12/2008

** 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.