FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wash

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ington, D.C. 20549	OMB APPROVAL

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

	Check this box if no longer subject to
١	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

Name and Address of Reporting Person*     Sinha Vikas						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN ]									k all app Dired	olicable)	g Person(s) to I 10% ( Other		
(Last) (First) (Middle) C/O ALEXION PHARMACUETICALS, INC. 352 KNOTTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 02/03/2014									X Officer (give title Other (specify below)  EVP & CFO				
(Street) CHESHIRE CT 06410 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	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 - No	n-Deriv	ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, or I	3ene	ficially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)						Execution Da		Date,	Transaction Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a				5. Amount of Securities Beneficially Owned Followir Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							v	Amount	(A) (D)	or F	Price	Transa	action(s) 3 and 4)		(1115411 4)				
Common Stock, par value \$.0001 per share 02/03/2						.014			S		852(1)	I	) \$	\$157.14	7.14 132,475		D		
Common Stock, par value \$.0001 per share 02/04/2					/2014	2014			S		2,700(1)	) [	)   \$	\$153.63	13	29,775	D		
		Та									osed of, onvertib				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. Transaction Code (Instr. 8)		n of		6. Date I Expiration (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of rivative curity str. 5)	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)	
Evaluation	Code V		v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Share	ber								

1. This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.

## Remarks:

/s/ Michael Greco Attorney-in-02/05/2014 Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.