FORM 4

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	
OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						or Sectio	n 30(h) of the	Investme	nt Comp	any Act of	1940										
Name and Address of Reporting Person*     Rummelt Andreas					2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS, INC. [ ALXN ]									k all ap	o of Reporting Person(s) to licable) Director		ssuer	10% Own	er		
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC 121 SEAPORT BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 05/15/2019									Officer (give title	below)		Other (sp	ecify below)		
(Street)  BOSTON  M  (City) (St	A rate)	02: (Ziş	210		4. If Amendment, Date of Original Filed (Month/Day/Year)								- 1	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
			7	Table I -	Non-Der	ivative Sed	curities Ad	quired	, Disp	osed of	, or Bene	ficially Ov	/ned								
1. Title of Security (Instr. 3)					2. Transact Date	Execu	Execution Date,		3. Transaction 4. Secur Code (Instr. 8) 4, 4 and		rities Acquired (A) or Disposed Of (D 5)			Beneficially Owned I		ollowing Direct (D		ership Form: D) or Indirect (I)	7. Nature of Indirect Beneficial		
			(Month/Day		V Amount					(A) or (D)	Price		Reported Transaction (Instr. 3 and 4)		(Instr. 4)		Ownership (Instr. 4)				
Common Stock, par value \$.00	001 per share	2			05/15/2	019		Α		2,7	726(1)	Α	\$0		22,146			D			
				Table		ative Secu outs, calls							ed								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa (Instr. 8)	ction Code		f Derivative cquired (A) or (D) (Instr. 3, 4	Expirati	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Derivative S	urities Underly 3 and 4)	ing	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
	Scounty			Code	v	V (A) (D)		Date Exercis		Expiration Date	Title	Amo		Shares		Reported Transaction(s) (Instr. 4)					

Explanation of Responses:

1. Award of Restricted Stock Units under the 2017 Incentive Plan. Shares issuable pursuant to the Restricted Stock Units vest in their entirety on the first anniversary of the grant date.

## Remarks:

/s/ Douglas Barry, Attorney-in-Fact for Andreas 05/17/2019

\*\* 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).

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\* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

\* If the form is filed by more than one reporting person, see Is 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, the undersigned's true and

- (1) Execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Alexion Pharmaceuticals, Inc. (the "Company"), Forms
- (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 Forms 3, 4, 5 (or any s
- (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 benefit to, in the best i

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary on 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 successor forms) and any amend IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 13th day of September, 2018.

/s/ Andreas Rummelt (signature)

Andreas Rummelt