FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

TATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	DVAL					
	OMB Number:	3235-0287					
	Estimated average burden						
l	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* MADRI JOSEPH A (Last) (First) (Middle)				<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN] 3. Date of Earliest Transaction (Month/Day/Year)							Relationship heck all appl X Direct Office below	icable) or r (give title	g Persoi	n(s) to Iss 10% Ow Other (s below)	ner
C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE				05	05/13/2009					6	Individual or	loint/Croup	Filing (Chook An	nligabla	
(Street) CHESHI			06410		4. If Amendment, Date of Original Filed (Month/Day/Year)						ne) X Form	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Tran Date (Month			. Transaction ate Month/Day/Yo	action		red (A) or str. 3, 4 ar	5. Amou Securiti Benefic Owned Reporte Transac (Instr. 3	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Direct on direct Er. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
1. Title of Derivative Conversion Date Security Or Exercise (Month/Day/Year) if any		4. Trans Code	5. Number of Ocide (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) Sect Unde Deriv		7. Title an Amount of Securities Underlyin Derivative (Instr. 3 a	nd of s ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y O F D oi (i)	0. Iwnership orm: irect (D) r Indirect) (Instr. 4)	Beneficial Ownershi ect (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	1				
Option to Purchase Common Stock	\$33.66	05/13/2009		A		6,138		(1)	05/13/2019	Common Stock, par value \$.0001 per share	6,138	\$0	6,138		D	

Explanation of Responses:

1. These options will vest in four quarterly installments during the one year period commencing on May 13th, 2009 and ending on May 13th, 2010.

05/14/2009

** 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.