FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | | |
| ı | haura nar raananaa | 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* Rummelt Andreas | | | | | <u>A</u> | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN] | | | | | | | (Ch | 5. Relationship of Reporting (Check all applicable) X Director Officer (give title | | | g Person(s) to Issuer 10% Owner Other (specify | |
|---|---|--|---|---------|---|--|----------------------|-------|--|-----|--|---|--|---|---|----|--|--|
| (Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC. 352 KNOTTER DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2010 | | | | | | | | below) | | | below) | |
| (Street) CHESHIRE CT 06410 (City) (State) (Zip) | | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tak | ole I - Nor | n-Deriv | vativ | e Se | curities | Acc | quired, | Dis | posed o | f, or Bei | neficial | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Da | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Beneficia | es Formally (D) (Following (I) (I | | : Direct I Indirect I str. 4) (| 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | Transact | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock, par value \$.0001 per share 02/23/ | | | | | | | /2010 | | М | | 3,892(1 |) A | \$48.7 | 2 3,8 | 3,892 | | D | |
| | | | Table II - | | | | | | | | osed of, onvertib | | | Owned | • | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n Derivative | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | е | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) (D) | | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Option to Purchase Common Stock | \$48.72 | 02/23/2010 | | | М | | 5,486 ⁽²⁾ | | 02/23/20 |)10 | 02/23/2020 | Common Stock, par value \$.0001 per share | 5,486 | \$0 | 5,486 | | D | |

Explanation of Responses:

- 1. Award of Restricted Stock pursuant to the 2004 Incentive Plan. 100% vests one year from date of grant.
- 2. These options vest in three equal installments on 2/23/2011, 2/23/2012 and 2/23/2013.

/s/ Andreas Rummelt 02/25/2010

** 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.