FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| .C. 20549 | OMB APPROVAL |
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| | |

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* LINK MAX | | | | | <u>A</u> 1 | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|---|---|--|---|---------|--|--|---------|--------------|---------------------------------------|--|------------------|--|--|---|---|-----------|--|---------------------------------------|
| (Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC. | | | | | | ALXN] 3. Date of Earliest Transaction (Month/Day/Year) 01/19/2010 | | | | | | | | | (give title | | Other (s | |
| 352 KNOTTER DRIVE (Street) CHESHIRE CT 06410 | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | | (Zip) | . Davis | | | i 4 i - | - ^ - | | Dia | | f = " D= | | li e Orena a | <u>.</u> | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | saction | ction 2A. Deemed Execution Date, | | | 3. Transa | ction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amor Securiti | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | File | Transac (Instr. 3 | ction(s) and 4) | | | |
| Common Stock, par value \$.0001 per share 01/19/ | | | | | | 2010 | | M | | 4,000 A | | \$42.0 | 15 | 158,575 | | D | | |
| | | T | | | | | | | | | | , or Ben ble secu | | 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) | | | | 6. Date Ex Expiration (Month/Da | Date | | Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | is lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Option to Purchase Common Stock | \$42.06 | 01/19/2010 | | | M | | 4,000 | | 02/17/200 | 0 0 | 2/17/2010 | Common Stock, par value \$.0001 | 4,000 | \$0 | 0 | | D | |

Explanation of Responses:

/s/ Max Link

01/21/2010

** 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.