FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:		3235-028									
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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

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Name and Address of Reporting Person* MOJCIK CHRISTOPHER F						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MOJCIK CHRISTOPHER F					AL	ALXN]									Direc			Owner		
(Last)	(Fii	ret) (Middle)		·	ALIAN J								X Offi belo		er (give title v)	Other below	(specify)		
` ′	,	3. D	3. Date of Earliest Transaction (Month/Day/Year)								SVP Clinical Development									
C/O ALEXION PHARMACEUTICALS INC					03/	03/12/2007											•			
352 KNOTTER DRIVE																				
					, 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable						
(Street)						, , , , , ,								L	Line)					
CHESHI	RE CI	r (6410												X	Form	n filed by One	e Reporting Per	son	
CILCIII	ILL CI		70410		.										Form Pers		e than One Re	porting		
,																Pers	OH			
(City)	(St	ate) (Zip)																	
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, oı	r Ben	efici	ally (Owne	ed			
1. Title of S	ecurity (Inst	r. 3)		2. Transa	action	ction 2A. Deemed			3.								ount of	6. Ownership	7. Nature	
		•		Date (Month/E	Tay/Vas	Execution Date, if any		Transaction Disposed (Code (Instr. 5)			l Of (D) (Instr. 3, 4			and Securi			Form: Direct (D) or Indirect	of Indirect Beneficial		
(Monuinda					Jayrica	(Month/Day/Year)								d Following	(I) (Instr. 4)	Ownership				
									Code	v	Amount		(A) or Price		Trans		action(s)		(Instr. 4)	
						Code	Ľ	Amount	(D) P110		PIICE	(Instr.		3 and 4)						
Common Stock, par value \$.0001 per share 03/12/					/2007		S		569(1)		D	\$37.15		14,152		D				
		Ta	hla II - C)erivat	ive S	٥٥١١	ritiae	Δεαιιί	ired Di	ienc	sed of,	or P	Ranaf	iciall	v Ov	hanv				
		10	() ()	e.g., pı	uts, c	alls	, warr	ants,	option	s, c	onvertib	le s	ecuri	ties)	y Ov	viieu				
1. Title of	2.	3. Transaction	saction 3A. Deemed 4			4.		5. Number		6. Date Exercisable and		7. Title and			8. Price o		9. Number o	f 10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Transaction Code (Ins				Expiration Date Amount of (Month/Day/Year) Securities				Deriv	ative	derivative Securities	Ownership Form:	of Indirect Beneficial			
(Instr. 3)	Price of				8)		Securities		(Month/Day/Year) Security Underly			derlying	g (In:		str. 5)	Beneficially	Direct (D)	Ownership		
Derivative Security						Acquired (A) or			Derivative Security (Instr.					etr 3	,		Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)	
	Occurry							Disposed of (D) (Instr. 3, 4					and 4)		1		Reported	1		
																Transac (Instr. 4		(s)		
						and 5)							(
				Ī	An		ount	1												
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				Date		Expiration		Number of												
					Code	v	(A)	(D)	Exercisal	ble	Date	Title	e Sha	ares						

Explanation of Responses:

1. This sale was made pursuant to a plan designed to comply with Rule 10b5-1. The sale was in an amount necessary to satisfy tax withholding obligations incurred on the day prior to sale due to vesting of previously granted Restricted Stock. Sales were made at prices between \$37.08 and \$37.48.

> 03/14/2007 /s/ Christopher Mojcik

** 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.