FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL								
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* <u>Waeger Ruedi E</u>							2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]									II app Direc	licable)	g Perso	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) 05/03/2010										belov			below)		
(Street) CHESHIRE CT 06410 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)										ine)	Form	al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			and Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										· v	Amount	(A) or D)	Price	Trans		action(s) 3 and 4)			(111511.4)	
Common Stock, par value \$.0001 per share 05/03/3						2010			P		1,600		A	\$5	5.1	2	22,654)		
Common Stock, par value \$.0001 per share 05/03/2						/2010			P		1,400		A	\$55	5.11	24,054		I)		
		Та	ble II - D								sed of, onvertib					ned					
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Fransaction Code (Instr. 3)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Pric Deriva Securi (Instr.	tive ty	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nur of	ount nber ires							

Explanation of Responses:

/s/ Ruedi Waeger

05/05/2010

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).