FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		00540
Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0362									
Estimated average burden										
hours per response:	1.0									

Form 3 Holdings Reported

Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Form 4	Transactions F	Reported.							ompany Ac								
Name and Address of Reporting Person* Sinha Vikas			2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Loot)	- ALAN J	ALAN J							X Officer (give title below)			Э	Othe belov	r (specify v)			
(Last) (First) (Middle) C/O ALEXION PHARMACUETICALS, INC. 352 KNOTTER DRIVE			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2013						Year)	EVP & CFO							
-				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	_								X Form filed by One Reporting Person Form filed by More than One Reporting								
(City)	(Sta	ate) (2	Zip)		Person												
		Tabl	e I - Non-Deriv	ative Sec	uriti	es Ac	quire	ed, Di	sposed	of, or	Benefici	ally	/ Owne	ed			
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					or Disposed	Securit Benefic		ies O		ership n: Direct	7. Nature of Indirect Beneficial Ownership	
				(montanzay)	71eary 0)			Amount		(A) or (D)	Price	Issue		s Fiscal Ìnd			Instr. 4)
Common Stock, par value \$.0001 per share			07/31/2013		G		ř	25,974 ⁽¹⁾		D	\$0		134,321			D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
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)	of Deriv Secu Acqu (A) o Disp of (D	or osed or. 3, 4	Expir	6. Date Exercisable and Expiration Date (Month/Day/Year)		Secu Unde Deriv	int of rities rlying ative rity (Instr. 3	8. Price Derivat Securit (Instr. 5		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
						Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. The shares represent the remainder and final distribution from a grantor retained annuity trust established in 2010 to family trusts.

Remarks:

/s/ Michael Greco Attorney-in-02/14/2014 Fact

** 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.