FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Chiniara Ellen						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS, INC.  [ ALXN ]									k all app Direc Office	licable) tor er (give title	Othe	Owner (specify
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC. 121 SEAPORT BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 12/16/2020								below) below) EVP & Chief Legal Officer				
(Street) BOSTON MA 02210					4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person			
(City)	(Sta	ate) (2	Zip)															
		Table	I - No	on-Deriva	tive S	Secu	rities	Acc	quirec	l, Dis	sposed of	, or E	Benef	iciall	y Own	ed		
Date				2. Transacti Date (Month/Day	- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or and 5)	5. Amount of Securities Beneficially Owned Folic Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership	
										v	Amount	(A) o (D)	r Pri	се	Transa	ed ection(s) 3 and 4)		(Instr. 4)
Common Stock, par value \$.0001 per share			12/16/20	12/16/2020				A		37,965(1)	A		\$0 6		2,917	D		
Common Stock, par value \$.0001 per share			12/16/20	020				F		16,925(2)	D	\$1	57.96 4:		5,992	D		
Common Stock, par value \$.0001 per share				12/16/20	020				F		2,988(3)	D	\$1	\$157.96		43,004		
Common Stock, par value \$.0001 per share			12/15/20	020				A	V	V 56 <sup>(4)</sup> A		\$	95.53	43,060		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative   Conversion   Date   Execution Date,   Security   or Exercise   (Month/Day/Year)   if any					ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exer ation D h/Day/		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er				

## **Explanation of Responses:**

- 1. Shares acquired on vesting of Performance Stock Units previously granted on February 28, 2018 under the 2017 Stock Incentive Plan.
- 2. This sale was made to cover withholding taxes immediately following the vesting of previously granted Performance Stock Units.
- 3. This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.
- 4. In accordance with the Alexion ESPP, these shares were purchased (for the ESPP purchase period from July 1, 2020 to December 15, 2020) based on 85% of the share price on July 1, 2020.

## Remarks:

/s/ Douglas Barry, Attorney-\*\* Signature of Reporting Person

12/18/2020

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.