## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

## Check this box if no longer subject to Section 16. Form 4

FORM 4

Check this box if no longer subject or Form 5 obligations may continu	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									hours per response: 0.5		0.5					
1. Name and Address of Reporting Person <u>LAW ANNE-MARIE</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol ALEXION PHARMACEUTICALS, INC. [ ALXN ]								erson(s) to Issi below)	10% Owne	er cify below)	
(Last)     (First)     (Middle)       C/O ALEXION PHARMACEUTICALS, INC.       121 SEAPORT BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 02/28/2019								EVP, Chief Experience Officer				
	STON MA 02210					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (S	tate)	(Zip	)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)					2. Transacti Date (Month/Day	Year) Execu	Execution Date, Co		Transaction ode (Instr. 8) 4. Securi 3, 4 and ode V Amount		ities Acquired (A) or Disposed Of (D) 5) (A) or (D) Price		5. Amount of Securiti Beneficially Owned F Reported Transactior (Instr. 3 and 4)	ollowing Dire	Dwnership Form: ect (D) or Indirect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock					02/28/2	!`	(Day) (Cal)	A		8,839 <sup>(1)</sup>	A	\$0	37,655		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	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	4. Transac (Instr. 8)	tion Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiratio	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	f 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisat	e Expir	tion Title		Amount or Number of Sha	res	Reported Transaction(s (Instr. 4)	s)		

Explanation of Responses:

1. Award of Restricted Stock Units under the 2017 Incentive Plan. 25% vests on each anniversary of the grant date.

Remarks:

/s/ Douglas Barry, Attorney-in-Fact for Anne-03/05/2019

Marie Law \*\* 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. 76ff(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.

## POWER OF ATTORNEY

Known all by these presents, that the undersigned hereby constitutes and appoints William Wheeler and Douglas Barry, each signing singly, the undersigned's true
(1) Execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Alexion Pharmaceuticals, Inc. (the "Company"), Forms
(2) Do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Forms 3, 4, 5 (or any s
(3) Take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best :
The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necess
This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, 5 (or any successor forms) and any

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 11 day of June, 2018.

/s/ Anne-Marie Law (signature) Anne-Marie Law