FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									

0.5

hours per response:

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

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1. Name and Address of Reporting Person* LINK MAX						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LINK WAX					AL	ALXN]							`	X Dire	ctor		10% Ov	vner	
(Last) (First) (Middle)						1								Offi	cer (give title w)		Other (s below)	pecify	
C/O ALEXION PHARMACEUTICALS, INC.						Date of Earliest Transaction (Month/Day/Year)													
352 KNOTTER DRIVE					12/	12/10/2004													
332 KNOTTER DRIVE							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
														Line)					
(Street) CHESHIRE CT 06410											X Form filed by One Reporting Person								
——————————————————————————————————————			-									Form filed by More than One Reporting Person							
(City)	(SI	tate)	(Zip)																
		Tab	le I - Nor	ı-Deriv	/ative	Sec	uritie	s Ac	quired, D	Disp	osed c	of, or Be	neficial	ly Owr	ed				
1. Title of Security (Instr. 3) 2. Transaction 2. Transaction 2. Transaction 2. Transaction 2. Transaction 2. Transaction 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership											7. Nature								
Date (Month/Da				Day/Ye	eay/Year) Execution Date, if any (Month/Day/Year)			e, Transaction Disp Code (Instr. 5)			ed Of (D) (Instr. 3, 4			rities ficially			of Indirect Beneficial		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									Own Repo	d Following	(i) (in		Ownership (Instr. 4)						
								Code	/ Amount		(A) o	r Price	Trans	action(s) 3 and 4)			,		
											, ,								
		Т							uired, Dis s, options					/ Owne	d				
1. Title of	2.	3. Transaction	3A. Deemed		4.				6. Date Exercisable and		ble and	7. Title and		8. Price			10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Day	.	Transa Code (I 8)			ties ed sed		Expiration Date Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivati Security (Instr. 5)	derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
							and 3)			$\overline{}$			Amount	-					
													Amount						
									Date		piration		Number of						
					Code	V	(A)	(D)	Exercisable	Da	ate	Title	Shares						
Option to Purchase Common Stock, par value \$.0001	\$22.21	12/10/2004			Α		7,500		(1)	12	2/10/2014	Common Stock, par value \$.0001	7,500	\$22.21	7,50	0	D		

Explanation of Responses:

1. These options will vest quarterly in four equal installments of 1,875 options during the one year period commencing on December 10, 2004 and ending on December 10, 2005.

12/14/2004 /s/ Max Link

** 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.