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							
l	Estimated average burden								
I	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

Name and Address of Reporting Person*     MATHIS LARRY						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN										all app Direc	olicable) ctor		Owner
(Last) (First) (Middle) 352 KNOTTER DR C/O ALEXION PHARMACEUTICALS INC					3. Date of Earliest Transaction (Month/Day/Year) 02/14/2011											Offic belov	er (give title v)	Otho belo	er (specify w)
(Street) CHESHIRE CT 06410 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Ac	quired	, Dis	posed c	of, o	r Ben	eficia	ally	Owne	ed		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ay/Year)   Execu		A. Deemed execution Date, any Month/Day/Year)		Transaction Disposed Code (Instr. 5)			ities Acquired (A) d Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(1130.4)			
Common Stock, par value \$.0001 per share 02/14.						<del>l</del> /2011			S		3,965	5 D \$		\$89	.08	6,725		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			n Date, Transactio Code (Inst		Instr.		rative rities ired r osed )	Expirati (Month/	5. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Number of Shares		-		9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

/s/ Larry Mathis

02/16/2011

\*\* 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.