FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OWB APPROVAL										
OMB Number:	3235-0287									
Estimated average burde	en									
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* Wagner Heidi L						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]								eck all applic Directo	,		on(s) to Issuer 10% Owner Other (specify		
	(First) (Middle) EXION PHARMACEUTICALS, INC. LLEGE STREET					Date o	of Earliest T	ransa	action ((Month	/Day/Year)		below)	SVP, Global Government Affai			rs		
(Street) NEW HA	eet) EW HAVEN CT 06510					4. If Amendment, Date of Original Filed (Month/Day/Year)								Y Form f Form f	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Ta	ble I - N	on-De	rivativ	ve Se	curities	Ac	quire	d, Di	sposed of	, or Be	neficial	y Owned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		·	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		rted action(s) 3 and 4)			(Instr. 4)	
Common Stock, par value \$.0001 per share 02/26/20					6/2016	016		A		3,000(1)	A	\$0	32	,937		D			
Common Stock, par value \$.0001 per share 02/29/20					9/2016	016		S		547(2)	D	\$138.91	138.91 ⁽³⁾ 32			D			
			Table II								oosed of, convertib			Owned					
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)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ully g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)			
Option to Purchase Common Stock	\$140.16	02/26/2016			A		21,000 ⁽⁴⁾		02/26	5/2017	02/26/2026	Commor Stock, par value \$.0001 per share	21,000	\$140.16	21,00	00	D		

Explanation of Responses:

- 1. Award of Restricted Stock Units under the 2004 Incentive Plan. 25% vests on each anniversary of the grant date.
- 2. This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.
- 3. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$138.00 \$138.99. The price reported in this column reflects the weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at each price.
- 4.25% vests on the one year anniversary of the grant date, and 1/16 every 3 months thereafter.

Remarks:

/s/ Michael V. Greco, Attorneyin-fact for Heidi L. Wagner 03/01/2016

** 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.