

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
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

1. Name and Address of Reporting Person* <u>BAKER FELIX</u>  (Last) (First) (Middle) 667 MADISON AVENUE, 21ST FLOOR  (Street) NEW YORK NY 10065  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 06/22/2015	3. Issuer Name and Ticker or Trading Symbol <u>ALEXION PHARMACEUTICALS INC [ ALXN ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>BAKER FELIX</u>  (Last) (First) (Middle) 667 MADISON AVENUE, 21ST FLOOR  (Street) NEW YORK NY 10065  (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>BAKER JULIAN</u>  (Last) (First) (Middle) 667 MADISON AVENUE, 21ST FLOOR  (Street) NEW YORK NY 10065  (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>BAKER BROS. ADVISORS LP</u>  (Last) (First) (Middle) 667 MADISON AVENUE, 21ST FLOOR  (Street) NEW YORK NY 10065  (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Baker Bros. Advisors (GP) LLC</u>
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(Last)	(First)	(Middle)
667 MADISION AVENUE 21ST FLOOR		
<hr/>		
(Street)		
NEW YORK	NY	10065
<hr/>		
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<u>667, L.P.</u>		
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(Last)	(First)	(Middle)
667 MADISON AVENUE 21ST FLOOR		
<hr/>		
(Street)		
NEW YORK	NY	10065
<hr/>		
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<u>Baker Brothers Life Sciences LP</u>		
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(Last)	(First)	(Middle)
667 MADISON AVENUE, 21ST FLOOR		
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(Street)		
NEW YORK	NY	10065
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(City)	(State)	(Zip)

**Explanation of Responses:**

**Remarks:**

Felix J. Baker is a director of Alexion Pharmaceuticals, Inc. (the "Issuer"). For purposes of Section 16 of the Securities Exchange Act of 1934, as amended the Reporting Persons other than Felix J. Baker are deemed directors by deputization by virtue of their representation on the Board of the Issuer.

No securities are beneficially owned.

<u>/s/ Felix J. Baker</u>	<u>06/24/2015</u>
<u>/s/ Julian C. Baker</u>	<u>06/24/2015</u>
<u>Baker Bros. Advisors LP</u>	
<u>Name: Scott L. Lessing, Title:</u>	<u>06/24/2015</u>
<u>President /s/ Scott L. Lessing</u>	
<u>Baker Bros. Advisors (GP)</u>	
<u>LLC, Name: Scott L. Lessing,</u>	<u>06/24/2015</u>
<u>Title: President /s/ Scott L.</u>	
<u>Lessing</u>	
<u>Baker Bros. Advisors LP,</u>	
<u>Mgmt. Co. and Inv. Adviser to</u>	
<u>667, L.P., pursuant to authority</u>	
<u>granted by Baker Biotech</u>	<u>06/24/2015</u>
<u>Capital, L.P., GP to 667, L.P.</u>	
<u>Name: Scott L. Lessing, Title:</u>	
<u>President /s/ Scott L. Lessing</u>	
<u>Baker Bros. Advisors LP,</u>	
<u>Mgmt. Co. and Inv. Adviser to</u>	
<u>Baker Brothers Life Sciences,</u>	
<u>L.P., pursuant to authority</u>	
<u>granted by Baker Brothers Life</u>	<u>06/24/2015</u>
<u>Sciences Capital, L.P., GP to</u>	
<u>Baker Brothers Life Name:</u>	
<u>Scott L. Lessing, Title:</u>	
<u>President /s/ Scott L. Lessing</u>	

\*\* 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 5 (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.