FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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STATEMENT (	OF CHANGES II	N BENEFICIAL	OWNERSHIP
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OMB APPROVAL

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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

1. Name and Address of Reporting Person*  Thiel Carsten					<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN									tionship of Reporting Perso all applicable) Director Officer (give title		10% Ow Other (s	vner	
	Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC. L00 COLLEGE STREET				3. Date of Earliest Transaction (Month/Day/Year) 02/26/2016									below) EVP, Chief Commer			below)	er	
(Street)  NEW HA		T State)	06510 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Indiv ne) X	Form fil	or Joint/Group Filing (Check Applicable In filed by One Reporting Person In filed by More than One Reporting				
		Ta	ble I - N	on-Dei	rivativ	ve Se	ecurities	Ac	quire	d, Di	sposed of	, or Be	neficia	ılly (	Owned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,		´			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			nd 5) Securitie Beneficia Owned F		s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						Ì	Code	v	Amount	(A) or (D)	Price		Reported Transacti (Instr. 3 a	ransaction(s) nstr. 3 and 4)			(Instr. 4)		
Common Stock, par value \$.0001 per share 02/2			02/26	6/2016				A		5,000(1)	Α	\$0		41,	633	D			
Common Stock, par value \$.0001 per share 02/29/2			9/2016	016			S		54 <sup>(2)</sup>	D	\$138.9	<b>91</b> <sup>(3)</sup>	41,	41,579		D			
			Table II						,		osed of, convertib			•	wned				
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date (Month/Day/Year) if any (Month/Day		Date, Transaction					6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		[	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er	] ], '		on(s)		
Option to Purchase Common Stock	\$140.16	02/26/2016			A		31,000 <sup>(4)</sup>		02/26	6/2017	02/26/2026	Commor Stock, par value \$.0001 per share	31,00	00	\$140.16	31,00	0	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 first anniversary of the grant date and 1/16 every three months thereafter.

## Remarks:

/s/ Michael Greco, Attorney-in-Fact for Carsten Thiel

03/01/2016

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.