FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to

OMB APPROVAL OMB Number: 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* DUBIN THOMAS I H							2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN]								5. Relationship of Reportin (Check all applicable) Director X Officer (give title			10% Owner Other (specify	
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE					07	3. Date of Earliest Transaction (Month/Day/Year) 07/25/2011								below) below) SVP & Chief Legal Officer					
(Street) CHESHIRE CT 06410 (City) (State) (Zip)					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person												n	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Benefici Owned	es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock, par value \$.0001 per share 07/25/2					5/2011	011			M		31,512	A	\$4.03	73,774			D		
Common Stock, par value \$.0001 per share 07/25/2					5/2011	2011			S		31,512	D	\$58.48	(1) 42	,262		D		
Common Stock, par value \$.0001 per share 07/27/2					7/2011	2011			S		669(2)	D	D \$57.27 ⁽³⁾		41,593		D		
		7	Γable II -	Deriva (e.g.,	ative puts,	Seci call:	uritie s, wa	es Acq arrants	uired, E , optio	Disp	osed of, convertil	or Bene ble secu	eficially rities)	Owned			•	•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)		n of		6. Date Expiratio (Month/D	n Dat		of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Option to Purchase Common	\$4.03	07/25/2011			M			31,512	12/08/20	04	09/08/2014	Common Stock, par value \$.0001	31,512	\$0	0		D		

Explanation of Responses:

Stock

- 1. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$58.20 \$58.65. 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.
- 2. These sales were made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock.
- 3. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$57.02 \$57.27. 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.

/s/ Thomas Dubin

07/27/2011

** 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.