FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL      |           |  |  |  |  |  |  |  |  |  |
|-------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number:       | 3235-0287 |  |  |  |  |  |  |  |  |  |
| Estimated average | burden    |  |  |  |  |  |  |  |  |  |

0.5

hours per response:

|   | Check this box if no longer subject to |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| 7 | 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*  KEISER DAVID W |   |  |   |         |                               | ALEXION PHARMACEUTICALS INC [                               |  |      |                                 |                                     |  |   |  |                                       |           | Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |                                   |  |  |  |  |
|--|---|--|---|---------|-------------------------------|---|--|------|---------------------------------|-------------------------------------|--|---|--|---------------------------------------|-----------|--|---|-----------------------------------|--|--|--|--|
|  |   |  |   |         | AL                            | ALXN]   |  |      |                                 |                                     |  |   |  |                                       | X         | Directo  |   |                                   | 10% Ov   | ·  |  |  |
| (Last) (First) (Middle)                                  |   |  |   |         |                               |   |  |      |                                 |                                     |  |   |  |                                       | X         | Officer<br>below)  | (give title   |                                   | Other (s<br>below)   | pecify   |  |  |
| C/O ALEXION PHARMACEUTICALS INC                          |   |  |   |         |                               |   | 3. Date of Earliest Transaction (Month/Day/Year) |      |                                 |                                     |  |   |  |                                       |           | President & Chief Op. Officer  |   |                                   |  |  |  |  |
| 352 KNOTTER DRIVE  |   |  |   |         |                               | 03/09/2005  |  |      |                                 |                                     |  |   |  |                                       |           |  |   |                                   |  |  |  |  |
| ,  | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |   |         |                               |   |  |      |                                 |                                     |  | 6. Individual or Joint/Group Filing (Check Applicable |  |                                       |           |  |   |                                   |  |  |  |  |
| (Street)   |   |  |   |         |                               |   |  |      |                                 |                                     |  |   |  |                                       | ine)<br>X | Form f   | iled by On  | e Ren                             | orting Perso   | ,  |  |  |
| CHESHI   | IRE C'  | Γ  | 06410   |         |                               |   |  |      |                                 |                                     |  |   |  |                                       | Λ         |  | ,   | •                                 | One Repo   |  |  |  |
| (City)   | (S  | tate)  | (Zip)   |         |                               |   |  |      |                                 |                                     |  |   |  |                                       |           | Persor   |   |                                   | . Gilo Ropol   | 9  |  |  |
|  |   | Tab  | le I - Nor  | า-Deriv | ative                         | Sec   | curitie  | s Ac | qu                              | ired, [                             | Disp   | osed o  | of, or Be                                | nefici                                | ally      | Owned  | l   |                                   |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Trans Date (Month/   |   |  |   |         | ar)   Ē                       | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  |      | 3.<br>Transac<br>Code (In<br>8) |                                     | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |   |  | 4 and Secu<br>Bene<br>Owne            |           | es<br>ally<br>Following  | Form<br>(D) o   | : Direct<br>r Indirect<br>str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |  |  |  |
|  |   |  |   |         |                               |   |  |      |                                 | Code                                | v  | Amount  | nount (A) or (D)                         |                                       | e         | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                       |   |                                   |  | Instr. 4)  |  |  |
| Common Stock, par value \$.0001 03/09/                   |   |  |   |         |                               | 2005  |  |      |                                 | A                                   |  | 4,000   | 4,000 <sup>(1)</sup> A                   |                                       | 0         | 69,500   |   |                                   | D  |  |  |  |
|  |   | 7  | able II -   |         |                               |   |  |      |                                 |                                     |  |   | , or Ber<br>ble sec                      |                                       |           | wned   |   |                                   |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year)               | 3A. Deemee<br>Execution I<br>if any<br>(Month/Day | Date,   | 4.<br>Transa<br>Code (1<br>8) |   | of   |      | Exp                             | Date Exer<br>piration I<br>pnth/Day | Date   |   |  | nount of<br>curities                  |           | Price of<br>erivative<br>ecurity<br>nstr. 5)                         | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e<br>s<br>Illy                    | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|  |   |  |   |         | Code                          | v   | (A)  | (D)  | Dat<br>Exe                      | e<br>ercisable                      |  | kpiration<br>ate                                      | Title                                    | Amour<br>or<br>Number<br>of<br>Shares | ber       |  |   |                                   |  |  |  |  |
| Option to<br>Purchase<br>Common<br>Stock, par<br>value   | \$20.38   | 03/09/2005   |   |         | A                             |   | 8,000  |      |                                 | (2)                                 | 03   | 3/09/2015   | Common<br>Stock,<br>par value<br>\$.0001 | 8,000                                 |           | \$0  | 8,000   | )                                 | D  |  |  |  |

## Explanation of Responses:

- 1. Award of Restricted Stock pursuant to the 2004 Incentive Plan. On-half vests two years following the transaction date, and thereafter, 1/8th of such amount vests every six month.
- 2. 1/16th vests every three months following the transaction date.

/s/ David W. Keiser 0

03/11/2005 on Date

\*\* Signature of Reporting Person

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

- $^{\star}$  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.