П

# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	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

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

1. Name and Addr BELL LEO	1 0	Person <sup>*</sup>	2. Issuer Name and Ticker or Trading Symbol <u>ALEXION PHARMACEUTICALS INC</u> [		tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner		
(Last) (First) (Middle)			ALXN      3. Date of Earliest Transaction (Month/Day/Year)	x	Officer (give title below)	Other (specify below)	
C/O ALEXION		EUTICALS INC	04/17/2009		CEO		
(Street)			<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> </ul>	Line)	vidual or Joint/Group Filir		
CHESHIRE	СТ	06410	_		Form filed by One Re Form filed by More the Person	0	
(City)	(State)	(Zip)					

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(instr. 4)	
Common Stock, par value \$.0001 per share	04/17/2009		М		<b>6,670</b> <sup>(1)</sup>	D	\$34.86(2)	841,424	D		
Common Stock, par value \$.0001 per share	04/17/2009		F		<b>9,881</b> <sup>(1)(3)</sup>	D	\$34.94	831,543	D		
Common Stock, par value \$.0001 per share	04/17/2009		М		20,000 <sup>(1)</sup>	A	\$4.75	851,543	D		

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transa Code ( 8)		n of l		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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option to Purchase Common Stock	\$4.75	04/17/2009		М			20,000	10/27/1999	10/27/2009	Common Stock, par value \$.0001 per share	20,000	\$0	0	D	

Explanation of Responses:

1. The transactions reported by this Form 4 are made pursuant to the terms of a sales plan designed to meet the requirements of Rule 10b5-1 (c) (1) of the Securities Exchange Act.

2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$34.49 - \$35.49. 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.

3. Represents the shares surrendered by the reporting person in connection with the exercise of 20,000 stock options, including 2,719 shares surrendered to satisfy the exercise price and 7,163 shares to satisfy tax obligations.

## <u>/s/ Leonard Bell</u>

\*\* Signature of Reporting Person

04/20/2009

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.