Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								
houre per recognese:	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* PARVEN ALVIN S (Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC 100 COLLEGE STREET					AI AI 08	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN] 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2016 4. If Amendment, Date of Original Filed (Month/Day/Year)									all applic Directo Officer below)	cable) or (give title		10% Ow Other (s below) (Check App	ner	
(Street) NEW HAVEN CT 06510					_											rm filed by One Reporting Person rm filed by More than One Reporting rson				
(City)	(S		(Zip)	on-Deri	ivativ	o Soc		ties Ac	·auire	4 Di	enosed o	f or Re	neficia	llv ()wned					
1. Title of Security (Instr. 3) 2. Trans Date		2. Transa	ction 2A Ex ay/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.				(A) or	5. Amoun and 5) Securities Beneficia Owned Fo		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock, par value \$.0001 per share				08/15/	2016				S		700	D	\$135.5	1 ⁽¹⁾	6,	,373		D		
Common Stock, par value \$.0001 per share 08/2				08/22/	/2016	2016					15,000	A	\$18.0	1	21	,373		D		
Common Stock, par value \$.0001 per share 08/22/				/2016	016		S		15,000	D	\$136.5	136.53 ⁽²⁾		6,373		D				
		٦	Table II								posed of, convertil			y Oı	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		De Se	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							
Option to Purchase Common Stock	\$18.01	08/22/2016			M			15,000	08/09/2	2008	05/09/2018	Common Stock, par value \$.0001 per share	15,000) :	\$18.01	0		D		

Explanation of Responses:

- 1. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$135.00 \$135.99. 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.
- 2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$136.00 \$136.99. 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.

Remarks:

/s/ Alvin Parven

08/24/2016

** 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.