FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

hours per response:

0.5

	Check this box if no longer subject to
ĺ	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 ,								
1. Name and Address of Reporting Person* BELL LEONARD					2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
												X	Director			10% Ov	vner	
(Last) (First) (Middle)					тым, 1								X	Officer (below)	give title		Other (s below)	pecify
C/O ALEXION PHARMACEUTICALS INC					3. Date of Earliest Transaction (Month/Day/Year)								CEO					
352 KNOTTER DRIVE					01/26/2009													
JJ2 IXIV	JIIEK DK	IVE		h	l If Λm	andment [Date of	f Original F	iled (Month/Da	v/Voor)		6 Ind	ividual or Jo	oint/Group	Eiling	(Check Ann	licable
(Street)				I.	F. II AIII	enument, t	Date of	Oligiliai i	iieu ((WOTH) Da	.y/ rear)		Line)	ividual of 30	Jiille Group	i illing	(Спеск Арр	ilicable
CHESHI	RE C	Т	06410										X	Form fil	ed by One	Repor	rting Persor	1
															ed by More	e than	One Repor	ting
(City)	(S	state)	(Zip)											Person				
													<u></u>					
		Ta	ble I - Non-	Derivat	ive S	ecurities	s Acc	quired, [Disp	osed o	f, or B	enefi	cially	Owned				
				2. Transact Date	action 2A. Deemed 3. 4. Securities Acquired (Execution Date, Transaction Disposed Of (D) (Instr. 3											7. Nature of Indirect		
					Day/Year) if any		,	Code (Instr.		Dispose	bisposed Of (b) (ilisti. 5, 4		Benefic		ially	(D) or	Indirect	Beneficial Ownership
					(Month/Day/Yea		ur) 8)		 			Owned For	· " [''	(I) (Ins		(Instr. 4)		
								Code	v	Amount	(A) (D)	or	Price	Transacti (Instr. 3 a	ion(s) and 4)			
Common Stock, par value \$.0001 per share 01/26.					6/2009		A		21,000) (1)	<u> </u>	\$0	836	.831		D		
					,,,,,													
			Table II - D											wned				
			(е	e.g., put	s, cai	ıs, warr	ants,	, options	s, c	onverti	DIE SEC	uritio	es)					
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date,	4. Trans	action			6. Date Exercisa Expiration Date					ount	8. Price of Derivative	9. Numbe		10. Ownership	11. Nature of Indirect
Security or Exercise (Month/Day/Year) if any		Code	ode (Instr. Securities ((Month/Day/Year) Underlying Derivative Secur				Security	Securities Beneficially	s	Form:	Beneficial Ownership				
(Instr. 3) Price of Derivative Security (Month/Day/Year) 8)				ar) 8)		Acquired (A) or Disposed		(Instr. 3 and 4)			irity	(Instr. 5)	Owned	1	Direct (D) or Indirect	(Instr. 4)		
					of (D) (Instr. 3, 4 and 5)									Following Reported		(I) (Instr. 4)		
			Τ		\Box		Т		A.		ount		Transactio (Instr. 4)	on(s)				
						(A)		Date		Expiration Date	N	or Nun	nber		'			
				Code	V			Exercisable				of S	hares					
Option to											Commor Stock.	1						
Purchase Common	\$35.95	01/26/2009		A		170,000		(2)	0:	1/26/2019	par value	170	0,000	\$0	170,00	00	D	
Common	I	I	I	- 1	1	1			- 1		\$ 0001	- 1	- 1		I	- 1		1

Explanation of Responses:

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

/s/ Leonard Bell

per share

01/28/2009

** 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.