FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to 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

| Name and Address of Reporting Person* Sinha Vikas | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN] | | | | | | | | | | all app Direct Office | er (give title | g Person | 10% C | wner (specify |
|--|--|---|--|-----------------------|---|--|---|--|--|---|-------------------------|---|--------|------|--|-----------------------------|---|---|---|--|
| (Last) C/O ALEX 352 KNOT | | 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2014 | | | | | | | | | below) below) EVP & CFO | | | | | | | | | |
| (Street) CHESHIRE CT 06410 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | | and 5) Secur Bene | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | Amount | (A (D |) or) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (1130.4) | | | | |
| Common S | 2014 | | | | S | | 5,493(1)(3 | (2) D \$1 | | \$182 | 2.08 | | 57,277 | D | | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) | ivative Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | | on Date, Day/Year) | 4. Transaction Code (Instr. 8) | | of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5 | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Expiration Expiration Date Month/Day/Year) Date Expiration Expiration Date Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Direc or In (I) (Ir | ership 1: ct (D) direct 1:str. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. The transaction is 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. The sale consists of Alexion common stock contributed by the reporting person to an exchange fund in exchange for shares of the exchange fund. The Alexion shares were valued at \$182.08 per share for the purpose of determining the number of shares of the exchange fund issuable to the reporting person.

Remarks:

/s/ Michael Greco Attorney-in-Fact for Vikas Sinha 12/19/2014

** 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.