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).
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 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* Sinha Vikas							2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) C/O ALEXION PHARMACUETICALS, INC.							3. Date of Earliest Transaction (Month/Day/Year) 09/28/2010								X Officer (give title Other (specify below) SVP & CFO				
352 KNOTTER DRIVE  (Street)  CHESHIRE CT 06410						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City) (State) (Zip)																			
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transact Date (Month/Day							A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquire Disposed Of (D) (Ins		(A) or	5. Amou Securiti Benefici Owned	5. Amount of Securities Beneficially Owned Following		Direct of the condinect	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		1	Instr. 4)			
Common Stock, par value \$.0001 per share 09/28/2							010				20,000(1	) A	\$13.79	85,281		Ι	)		
Common Stock, par value \$.0001 per share 09/28/2						010			S		20,000(1	) D	\$65.01	(2) <b>65,281</b>		D			
Common Stock, par value \$.0001 per share 09/29/2						010			M		4,000	A	\$16.35	5 69	69,281		)		
		7	Table II								posed of, converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transa Code ( 8)				6. Date Exerci Expiration Da (Month/Day/Yo		ite	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	O Fe Ily D O(	0. wwnership orm: virect (D) r Indirect ) (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	\$13.79	09/28/2010			S			20,000	12/31/2	:005	09/21/2015	Common Stock, par value \$.0001 per share	20,000	\$0	80,000		D		
Option to Purchase Common Stock	\$16.35	09/29/2010			М			4,000	09/07/2	2006	06/07/2016	Common Stock, par value \$.0001 per share	4,000	\$0	8,000		D		

## **Explanation of Responses:**

- 1. The transaction 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 \$65.00 \$65.99. 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.

/s/ Vikas Sinha

09/30/2010

\*\* 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.