FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSH

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
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

1. Name and Address of Reporting Person* DUBIN THOMAS I H					AI	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN								5. Relationship of Rep (Check all applicable) Director X Officer (give t			10% (Other	Owner (specify
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 08/23/2012								SVP & Chief Legal Officer						
(Street) CHESHI (City)			06410 Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line) X	lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - N	lon-Deriv	/ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or B	Benefic	ially	Owne	ed		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Execution Date, ear) if any		3. Transaction Code (Instr. 8) 4. Securities Ad Disposed Of (D		Acquired (A) or (D) (Instr. 3, 4 and		d 5)	Secur Benef	ties F cially (I Following (I	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		Transa	action(s) 3 and 4)		(111501.4)	
Common Stock, par value \$.0001 per share 08/23/201				.012	12		S		24,328(1)	D	\$103)3.09 ⁽²⁾		4,905	D			
Common Stock, par value \$.0001 per share 08/23/201				.012	12		S		9,200(1)	D	\$103	\$103.87 ⁽³⁾		5,705	D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				saction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares					

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 \$102.65 \$103.65. 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. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$103.66 \$104.66. 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/ Thomas I.H. Dubin 08/27/2012

** 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.