Instruction 1(b)

FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

2. Issuer Name and Ticker or Trading Symbol

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0								
Estimated average burden								
hours per response:	0.5							

5. Relationship of Reporting Person(s) to Issuer

Section 16. Form 4 or Form 5 obligations may continue. See 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* Thiel Carsten					<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN								ck all applic Directo Officer	onship of Reporting all applicable) Director Officer (give title		10% Ow Other (s	wner
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC 100 COLLEGE STREET					02	3. Date of Earliest Transaction (Month/Day/Year) 02/27/2017								below) below) EVP, Chief Commercial Officer				
(Street) NEW HAVEN CT 06510 (City) (State) (Zip)					_	4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefic							Line	Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			saction	ction 2A. Deemed Execution Date,		3. 4. Securitie Transaction Disposed O		es Acquired (A) or Of (D) (Instr. 3, 4 and 5)		5. Amou Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock, par value \$.0001 per share 02/27/					27/201	2017		S		71(1)	D	\$131.20	30,197			D		
Common Stock, par value \$.0001 per share 02/28/3					28/201	2017		S		54(1)	D	\$0 ⁽²⁾	30,	,143	D			
Common Stock, par value \$.0001 per share 02/28/2					28/201	2017		A		7,500 ⁽³⁾	A	\$0	37,	7,643		D		
			Table II								osed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date if any (Month/Day/Yea	Date,	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	e s ully g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)		
Option to Purchase Common Stock	\$131.25	02/28/2017			A		14,800 ⁽⁴⁾		02/28/2	2018	02/28/2027	Common Stock, par value \$.0001 per share	14,800	\$0	29,60	00	D	

Explanation of Responses:

- 1. This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.
- 2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$131.00 \$131.99. 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.
- 3. Award of Restricted Stock Units under the 2004 Incentive Plan. 25% vests on each anniversary of the grant date.
- 4. Stock option award under 2004 Incentive Plan. 25% vest on the first anniversary of the grant date, 1/16 every three months thereafter until fully vested over 4 years.

Remarks:

/s/ Michael Greco, Attorney-in-Fact for Carsten Thiel

03/01/2017

** 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.