FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES 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 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

	nd Address of R DAVII	<u>A1</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner								
(Last) (First) (Middle)												X	Officer (give title Other (checify							
C/O ALEXION PHARMACEUTICALS INC								est Trar	saction (N	/lonth	Day/Year)					Presider	nt & (	200		
352 KN0	U,	07/25/2008																		
(Street)	- 4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)								
CHESHIRE CT 06410																X Form filed by One Reporting Person Form filed by More than One Reporting				
(City) (State) (Zip)						Person														
		Tab	le I - No	n-Deri	vative	Sec	curit	ies Ad	quired	, Dis	posed c	of, or B	enef	icially	Owned	t				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			l and 5) Secui Benet		es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
				, ,		Code	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock, par value \$.0001 per share 07/25/2									M		8,941 A			\$21	118	.8,623		D		
Common Stock, par value \$.0001 per share 07/25/2							2008				1,184	.184 A \$		617. <del>6</del> 7	119,807		D			
Common Stock, par value \$.0001 per share 07/25/20									M		5,500	) <i>F</i>	. 4	20.38	125	5,307		D		
Common Stock, par value \$.0001 per share 07/25/2							2008		M		4,375	5 A \$2		20.72	129,682		D			
Common	5/2008	2008			S		20,000 <sup>(1)</sup> D		\$80	109,682		D								
		Т	able II -								osed of				Owned					
	1.	1	l		1	calls	_		-		onverti					I	. 1		1	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code ( 8)	ction of De Se Ac (A) Dis		oosed D) tr. 3, 4	6. Date Exercise Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		[	d. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (l or Indir (I) (Insti	Ownership	Beneficial Ownership (Instr. 4)	
														ount						
									Date	Ι.	Expiration		or Nur of	nber						
					Code	v	(A)	(D)	Exercisa		Date	Title	Sha	res						
Option to Purchase Common Stock	\$21	07/25/2008			M			8,941	06/14/20	01 (	06/14/2011	Commo Stock, par valu \$.0001 per shar	8,9	941	\$0	29,970	)	D		
Option to Purchase Common Stock	\$17.67	07/25/2008			М			1,184	09/23/20	03 (	09/23/2013	Commo Stock, par valu \$.0001 per shar	1,	184	\$0	0		D		
Option to Purchase Common Stock	\$20.38	07/25/2008			M			5,500	03/09/20	05	03/09/2015	Commo Stock, par valu \$.0001 per shar	5,5	500	\$0	0		D		
Option to Purchase Common Stock	\$20.72	07/25/2008			M			4,375	01/09/20	06	01/09/2016	Commo Stock, par valu \$.0001	4,3	375	\$0	1,875		D		
							1					per shar	•							

1. The sales 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.

/s/ David Keiser

07/25/2008

\*\* 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).

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.

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).