Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

IN BENEFICIAL OWNERSHIP

STATEMENT	OF CHANGES

OMB APPROVAL

OMB Number:	3235-0287
Estimated average bu	rden
hours ner resnonse.	0.5

11. Nature of Indirect

			01 36	cuon so(n) or the nix	/esumen	it Con	ipariy Act of 18	740							
Name and Address of Reporting Person* PARVEN ALVIN S (Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE Street)			ALE	ALEXION PHARMACEUTICALS INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
C/O ALEXION	I PHARMACEU	, ,	3. Dat	e of Earliest Transac	ction (M	onth/D	Day/Year)			Officer (give title below)	Other	(specify			
Street) CHESHIRE (City)	CT (State)	06410 (Zip)	4. If Ai	4. If Amendment, Date of Original Filed (Month/Day/Year)											
	ALEXION PHARMACEUTICALS INC (First) (Middle) X Director 10% Owner Officer (give title below) 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2004 4. If Amendment, Date of Original Filed (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Curity (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (A) or Disposed Of (D) (Instr. 3, 4 and 5) (Check all applicable) X Director Officer (give title below) Other (specify below) Other (specify below) ALXN] (Check All applicable) X Director Officer (give title below) Other (specify below) Form filed by One Reporting Person Form filed by More than One Reporting Person 7. Nature of Indirect (D) or Indire														
. Title of Security	/ (Instr. 3)		Date	Execution Date, if any	Transa Code (8)	Instr.	Disposed Of (5)	D) (Instr.		Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

5. Number

Transaction Code (Instr.

6. Date Exercisable and Expiration Date (Month/Day/Year)

7. Title and

Amount of

Security (Instr. 3)	or Exercise Price of Derivative Security	Date (Month/Day/Year)	if any (Month/Day/Year)	Code (Instr.		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Month/Day/Year)		Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option to Purchase Common Stock, par value	\$22.21	12/10/2004		A		7,500		(1)	12/10/2014	Common Stock, par value \$.0001	7,500	\$22.21	7,500	D	

Explanation of Responses:

1. Title of Derivative

2. Conversion

3. Transaction

1. These options will vest quarterly in four equal installments of 1,875 options during the one year period commencing on December 10, 2004 and ending on December 10, 2005,

12/14/2004 /s/ Alvin Parven

(Instr. 3 and 4)

9. Number of

derivative

10.

Ownership

8. Price of Derivative

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

3A. Deemed

Execution Date

- * 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.