FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	S
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

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

Name and Address of Reporting Person* Sinha Vikas											g Symbol CUTICAL		neck all ap Dire V Offi	tionship of Reporting all applicable) Director Officer (give title below)		10% Ov Other (s below)	ner		
(Last) (First) (Middle) C/O ALEXION PHARMACUETICALS, INC. 352 KNOTTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 10/28/2013								EVP & CFO					
(Street) CHESHIRE CT 06410 (City) (State) (Zip)					-	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - N			_			_	d, D	isposed o								
			2. Transa Date (Month/D		Exec Year) if any		ned n Date, ay/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Secu Bene Own	nount of rities ficially ed Following	Form (D) o	n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Repo Tran (Inst	rted saction(s) : 3 and 4)			(Instr. 4)	
Common Stock, par value \$.0001 per share 10/2					/2013	013			М		50,000(1)	A	\$17.6	5	360,808		D		
Common Stock, par value \$.0001 per share 10/28/				/2013	13			S		42,138(1)	D	\$122.8	(2)	318,670	D				
Common Stock, par value \$.0001 per share 10/28/20			/2013)13		S		7,862(1)	D	\$123.8	5(3)	310,808		D					
		-	Table II								posed of, converti			/ Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	3A. Deemed Execution Date, if any (Month/Day/Year)		action Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5	e derivative	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A) (D)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Option to Purchase Common	\$17.65	10/28/2013			M			50,000	04/09/2	2008	01/09/2018	Common Stock, par value \$.0001	50,000	\$17.65	51,83	2	D		

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(e)(1) of the Securities Exchange Act.
- 2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$122.50 \$123.50. 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 \$123.55 \$124.55. 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.

Remarks:

/s/ Vikas Sinha

per share

10/30/2013

** 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.