FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

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## 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

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Name and Address of Reporting Person*     Hallal David						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ ALXN ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify				
(Last) (First) (Middle)															_	helow)	-		below)	
C/O ALEXION PHARMACEUTICALS, INC						3. Date of Earliest Transaction (Month/Day/Year) 06/05/2013											Chief Cor	nmei	rcial Offic	er
352 KNOTTER DRIVE					100/	00/03/2013														
							endmer	nt, Date	of O	riginal	Filed	(Month/Da	6. 1	6. Individual or Joint/Group Filing (Check Applicable						
(Street)													- 1	Line)						
CHESHIRE CT 06410														X Form filed by One Reporting Person  Form filed by More than One Reporting						
														Form f Persor		e thai	n One Repo	orting		
(City) (State) (Zip)																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (li 8)	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount		(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock, par value \$.0001 per share 06/					5/2013	3				M		524	$\neg$	A \$		6 75	,170		D	
Common Stock, par value \$.0001 per share 06/05/					5/2013	3				M		3,128	3	A	\$10.2	9 78	3,298		D	
Common Stock, par value \$.0001 per share 06/05/2					/2013	/2013				M		5,692	2	A	\$11.9	2 83	3,990		D	
Common Stock, par value \$.0001 per share 06/05/2						2013				M		5,664	4 A		\$17.6	5 89	89,654		D	
		Т	able II -													Owned				
(e.g., puts, calls, warrants, options, convertible securities  1. Title of   2.   3. Transaction   3A. Deemed   4.   5. Number   6. Date Exercisable and   7. Title and   7														8. Price of	9. Number	of	10.	11. Nature		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	S. Hansaction Date (Month/Day/Year)	Execution if any (Month/Da	Date,	Transaction Code (Instr 8)		n of		Exp	piration onth/Day	Date	e Ar Se Ur De		r. Title and Amount of Securities Jnderlying Derivative Secur Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
				ŀ			+	İ			Т			A	mount					
														ON	r umber					
					Code	v	(A)	(D)	Date	e ercisable		xpiration ate	Title	0						
Option to Purchase Common Stock	\$8.16	06/05/2013			M			524	09/	/19/200€	5 0	6/19/2016	Com Sto par v \$.00 per s	ck, alue 001	524	\$8.16	0		D	
Option to Purchase Common Stock	\$10.29	06/05/2013			M			3,128	04/	/15/2007	7 0	1/15/2017	Com Sto par v \$.00 per s	ck, alue 3	3,128	\$10.29	0		D	
Option to Purchase Common Stock	\$11.92	06/05/2013			M			5,692	10/	/11/2007	7 0	7/11/2017	Com Sto par v \$.00 per s	ck, alue 5	5,692	\$11.92	0		D	
Option to Purchase Common Stock	\$17.65	06/05/2013			М			5,664	04/	/09/2008	3 0	1/09/2018	Com Sto par v \$.00 per s	ck, alue 5	5,664	\$17.65	0		D	

**Explanation of Responses:** 

Remarks:

/s/ David Hallal

06/07/2013

\*\* Signature of Reporting Person

Date

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

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> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<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).