FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| D.C. 20549 | OMB APPROVAL |
|------------|--------------|
| | |

| OMB Number: | 3235-028 |
|------------------------|----------|
| Estimated average burd | len |
| hours per response: | 0 |

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 EN ALVI | <u>A</u> | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN] | | | | | | | | | | | onship of Reporting all applicable) Director Officer (give title | | son(s) to Iss 10% Ov Other (s | ner | | | | | |
|---|---|--|--|---------|---|---|-------|-----------------------------------|------------|--|-----|---------------------|------------------------------------|---|-------------------------|--|---|---|--|--|--|--|
| (Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE | | | | | 07/ | 3. Date of Earliest Transaction (Month/Day/Year) 07/27/2009 | | | | | | | | | | | | | below)` | | | |
| (Street) CHESHI (City) | | | 06410 (Zip) | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Da | | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - No | n-Deriv | vative | e Se | curit | ties Ac | qui | ired, D | isp | osed o | f, or E | ene | eficiall | y Owned | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transact Code (Ins 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | 7 | Code V | , | Amount | (A (D | or | Price | Reported Transact (Instr. 3 | ion(s) | | | (Instr. 4) | | |
| Common Stock, par value \$.0001 per share 07/27 | | | | | 7/200 | 2009 | | | T | М | | 15,000 | 0 | 4 | \$7.79 | 22,187 | | | D | | | |
| Common | mmon Stock, par value \$.0001 per share 07/27/2 | | | | 7/200 | /2009 | | | | S | | 15,000 | 0 D |) | \$40.00 | 5 7, | 187 | | D | | | |
| | | - | Table II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (I 8) | | of | | Exp | Date Exer piration I onth/Day | ate | | of Sec Underl Deriva | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | y Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | O N O | lumber | | | | | | | |
| Option to Purchase Common Stock | \$7.79 | 07/27/2009 | | | S | | | 15,000 | 03/ | 3/12/2003 | 1 | 2/12/2012 | Comm Stock par val \$.000 | ie 1 | 15,000 | \$0 | 0 | | D | | | |

Explanation of Responses:

/s/ Al Parven

07/28/2009

** 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.