FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

1. Name and Address of Reporting Person* BELL LEONARD						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
) J	Director			10% Ow	/ner	
(Last) (First) (Middle)						-								Officer (below)	give title		Other (s below)	pecify	
C/O ALEXION PHARMACEUTICALS INC						3. Date of Earliest Transaction (Month/Day/Year) 11/02/2015													
352 KNOTTER DRIVE						11/02/2015													
							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)													'	Line) X Form filed by One Reporting Person					
CHESHIRE CT 06410											'	Form file	Form filed by More than One Reporting Person						
(City)	(S	state)	(Zip)											reison					
		Ta	able I - N	on-De	erivati	ive S	ecu	rities Ac	quired	l, Di	sposed o	f, or Be	neficially	Owned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Code (Instr. 8)				5. Amoun Securities Beneficia Owned Fo	es Form ally (D) of following (I) (Ir		Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock, par value \$.0001 per share 11/02/20)2/201	015		A		35,000(1)	A	\$22.9	954,088			D			
Common Stock, par value \$.0001 per share 11/02/20)2/201	2015		S		35,000(1)	D	\$180.12	919),088		D				
			Table II								posed of, convertil			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ear) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Securiti Acquire or Disp		urities uired (A) isposed O) (Instr. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Der Security (Instr. 4)			ies g Derivative	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
				Cod	Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title		Transaction(s) (Instr. 4)					
Option to Purchase Common Stock	\$22.9	11/02/2015			М			35,000 ⁽¹⁾	04/28/2	010	01/28/2020	Common Stock, par value \$.0001 per share	35,000(1)	\$0	363,9	50	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(c)(1) of the Securities Exchange Act.
- 2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$179.90 \$180.90. 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/ Michael Greco, Attorney-in-Fact for Leonard Bell

11/04/2015

** 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.