FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| Scenori 10. Form 4 of Form 5 | |

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

| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|--|--|---|-----------------|--|---|-----|---|------------------------------------|--|---------------------|--|-----------------|--------------|---|------------------------------------|---|---|---|--|--|
| BELL LEONARD | | | | \overline{AL} | | | | | | | | | | | X Director | | 10% Owner | | | | |
| (Last) | (Fii | rst) (| Middle) | | | - | | | | | | | | | X | Office belov | er (give title v) | | Other (specify below) | | |
| C/O ALEXION PHARMACEUTICALS INC | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/18/2011 | | | | | | | | | | CEO | | | | | | |
| 352 KNOTTER DRIVE | | | | 01, | 01/10/2011 | | | | | | | | | | | | | | | | |
| (54.2.4) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) CHESHIRE CT 06410 | | | | | X | | | | | | | Form filed by One Reporting Person | | | | | | | | | |
| , | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | and Secu | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | |
| Common Stock, par value \$.0001 per share 01/18/ | | | | | /2011 | | | | S | | 1,293(1 | 1) | D | \$82.66 | | 893,905 | | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | | |
| 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/Da | Date, | Date, Transaction Code (Inst | | | | 6. Date E Expiratio (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | | vative urity ir. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Titl | or Nur of | ount nber | | | | | | | |

Explanation of Responses:

1. These sales were made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock.

/s/ Leonard Bell

01/18/2011

** 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.