FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						
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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

Name and Address of Reporting Person* Veneman Ann M						2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]										tionship of Reporti all applicable) Director Officer (give title		10% C		
(Last) (First) (Middle) ALEXION PHARMACEUTICALS, INC. 352 KNOTTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 02/06/2013										belo			below)		
(Street) CHESHIRE CT 06410 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	e I - Non	ı-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Day/Year) Exec		Execution if any	A. Deemed xecution Date, any Month/Day/Year)		Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and Se Be Ow		Securities Beneficially		nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				,			
Common Stock, par value \$.0001 per share 02/06					6/2013				A		2,471	(1) A		\$	\$0		9,033		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)					ransaction of ode (Instr. Derivativ		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O Fe Di Oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	of	nber res						

Explanation of Responses:

1. Award of Restricted Stock Units under 2004 Incentive Plan. 100% vests on the first anniversary of the grant date.

Remarks:

/s/ Ann Veneman

** Signature of Reporting Person

02/08/2013

al.

Date

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

- * 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.