| SEC Form 4 | |
|------------|--|
|------------|--|

П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | C |
|--|---|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person [*] Sinha Vikas | | | 2. Issuer Name and Ticker or Trading Symbol <u>ALEXION PHARMACEUTICALS INC</u> [ALXN] | | ationship of Reporting Pe < all applicable) Director Officer (give title | 10% Owner Other (specify | | |
|---|---------------|----------------|--|---|---|-----------------------------|--|--|
| (Last) (First) (Middle) C/O ALEXION PHARMACUETICALS, INC. 352 KNOTTER DRIVE | | () | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2010 | | below) below) SVP & CFO | | | |
| (Street) CHESHIRE (City) | CT (State) | 06410 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--|--------|------------------------------|---|---|--------------|-------------------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or Price | | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock, par value \$.0001 per share | 01/28/2010 | | Α | | 8,000(1) | Α | \$ <mark>0</mark> | 54,307 | 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 (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and | ve es d ed nstr. | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | derivative Securities Beneficially Owned | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|------------------------------|--|--------------------|---|--|---|---|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Option to Purchase Common Stock | \$45.8 | 01/28/2010 | | A | | 60,000 | | (2) | 01/28/2020 | Common Stock, par value \$.001 per share | 60,000 | \$0 | 60,000 | D | |

Explanation of Responses:

1. Award of Restricted Stock pursuant to the 2004 Incentive Plan. One half vests two years following the transaction date, and thereafter 1/8th vests every six months.

2. 1/16th vests every three months following the transaction date.



** Signature of Reporting Person

02/01/2010

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.