FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								

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

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

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* KEISER DAVID W					<u>AI</u>	2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN]									(Check all		nship of Reporting I applicable) Director Officer (give title pelow)		Person(s) to Issuer 10% Owner Other (specification)	
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE					05/	3. Date of Earliest Transaction (Month/Day/Year) 05/07/2009														
(Street) CHESHIRE CT 06410 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) 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. Transac Date (Month/Date)						Execution Date		n Date,	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Secu Bene		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)				(11341.4)
Common Stock, par value \$.0001 per share 05/07/2					7/2009				S		2,200	(1)	D	\$35		167,346		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 (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 6. Month/Day/Year) 3. Transaction Date (Month/Day/Year) 6. Month/Day/Year)		Date,	4. Transaction Code (Instr. 8)			ative rities ired osed	Expiration Da (Month/Day/Y		е	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of Title Shares		ount nber	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

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.

/s/ David Keiser

05/08/2009

** 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.