FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL
- 1	

OMB Number: 3235-0287 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(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

1. Name and Address of Reporting Person*  Rummelt Andreas					2. Issuer Name <b>and</b> Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
INMITTALE / MICHERS					ALXN ]						:	X Directo		10% Ov	·	
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)							Officer below)	(give title	Other (s below)	pecify	
												belowy		Belowy		
C/O ALEXION PHARMACEUTICALS, INC.					05/11/2011											
352 KNOTTER DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
					4. If Americanent, Date of Original Filed (Month/Day/Year)							Line)				
(Street) CHESHI	RE C	г	06410								:	X Form fi	led by One Rep	orting Persor	ı	
Спезні	KE C	1	00410									Form fi Person	led by More tha	n One Repor	ting	
(City)	(S	tate)	(Zip)									Person				
(- 9)			,													
		Tal	ole I - Non-D	erivativ	/e Se	curities	Ac	quired, Di	sposed o	f, or Ber	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transac					tion 2A. Deemed 3. 4. Securities A Execution Date, Transaction Disposed Of (I							5. Amour Securitie			7. Nature of Indirect	
Date (Month/Da				-	ay/Year)   if any   Code (Instr.   5)				OI (D) (INSI	r. 3, 4 anu	Beneficia	Beneficially (D) o		Beneficial Ownership (Instr. 4)		
					(Month/Day/Year)			` <del>                                     </del>				- Reported				
								Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned															
								, options,				Ownea				
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	er of	6. Date Exerc	isable and	7. Title and	d	8. Price of	9. Number of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	Transa				Expiration Date Amount of (Month/Day/Year) Securities				Derivative Security	derivative Securities	Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of Derivative Security (Month/Day/Year) 8)					(iiisti.	Acquired (A)		Underlying			g	(Instr. 5)	Beneficially	Direct (D)	Ownership	
				or Disposed Derivative Second (Instr. 2 and 4								Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)		
					3, 4 and 5)								Reported Transaction(s)			
											Amount		(Instr. 4)			
								Data	Franciscotica		Number					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	of Shares					
Option to										Common						
Purchase	\$98.86	05/11/2011		A		2.786 <sup>(1)</sup>		08/11/2011	05/11/2021	Stock, par value	2,786	\$0	2,786	D		
Common Stock										\$.0001		"				
		I		1	I	1	1	I	I	per share	I	1	I	I	1	

## **Explanation of Responses:**

1. These options will vest in four quarterly installments during the one year period commencing on May 11, 2011 and ending on May 11, 2012.

/s/ Andreas Rummelt

05/13/2011

\*\* 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.