Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* DUBIN THOMAS I H							2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]								all applic Directo	or (give title		10% Ov Other (s below)	vner	
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 11/29/2010									SVP & Chief Legal Officer					
(Street) CHESHIRE CT 06410 (City) (State) (Zip)				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivine)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - No	on-Deri	ivativ	e Se	curit	ties Ac	quired	, Di	sposed o	f, or Be	neficia	ally	Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Da			3. Transac Code (li 8)			es Acquired (A) or Of (D) (Instr. 3, 4 and		5)		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock, par value \$.0001 per share 11/29/20)10			M		50,000(1) A	\$17.	69	72	810		D		
Common Stock, par value \$.0001 per share 11/29/20)/2010	.010			S		43,955(1) D	\$75.1	2 ⁽²⁾	28	,855		D		
Common Stock, par value \$.0001 per share 11/29/20					9/2010)10		S		6,045(1)	D	\$75.8	375.83 ⁽³⁾		2,810		D			
		-	Гable II								posed of, convertil				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amoun or Numbe of Shares	r						
Option to Purchase Common Stock	\$17.69	11/29/2010			S			50,000	05/09/20	001	02/09/2011	Common Stock, par value \$.0001	50,00	0	\$0	0		D		

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.
- 2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$74.59 \$75.59. The price reported in this column reflects the weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at each price.
- 3. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$75.59 \$76.59. The price reported in this column reflects the weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at each price.

/s/ Thomas Dubin

per share

12/01/2010

** 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.