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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

Check this box if no longer subject t	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

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

1. Name and Address of Reporting Person [*] BELL LEONARD			2. Issuer Name and Ticker or Trading Symbol <u>ALEXION PHARMACEUTICALS INC</u> [ALXN]		ationship of Reporting Pe (all applicable) Director	erson(s) to Issuer 10% Owner		
(Last)	(First)	(Middle)		X	Officer (give title below)	Other (specify below)		
C/O ALEXION PHARMACEUTICALS INC		,	3. Date of Earliest Transaction (Month/Day/Year) 02/04/2013	СЕО				
352 KNOTTEI	R DRIVE							
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	/idual or Joint/Group Fili	ng (Check Applicable		
CHESHIRE	СТ	06410		X	Form filed by One Re	porting Person		
(City)	(State)	(Zip)	—		Form filed by More th Person	an One Reporting		

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	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)		(11150.4)	
Common Stock, par value \$.0001 per share	02/04/2013		S		3,900 ⁽¹⁾	D	\$ 95.86 ⁽²⁾	1,530,025	D		
Common Stock, par value \$.0001 per share	02/04/2013		S		7,800 ⁽¹⁾	D	\$96.48 ⁽³⁾	1,522,225	D		
Common Stock, par value \$.0001 per share	02/04/2013		S		180(1)	D	\$96.22	1,522,045	D		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	2														
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)		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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				

Explanation of Responses:

1. These shares were sold to cover taxes due for the vesting of RSUs on 2/2/13.

2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$95.00 - \$95.99. 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 \$96.00 - \$96.99. 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.

Remarks:

/s/ Leonard Bell

** Signature of Reporting Person

02/06/2013

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.