| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b). |
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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: 2225 0207

| Estimated average burd | en |
|------------------------|-----|
| hours per response: | 0.5 |

| <u>Sinha Vikas</u> | ss of Reporting Person | | 2. Issuer Name and Ticker or Trading Symbol <u>ALEXION PHARMACEUTICALS INC</u> [ALXN] | | tionship of Reporting Perso : all applicable) Director Officer (give title below) | on(s) to Issuer 10% Owner Other (specify below) |
|---|------------------------|----------------|---|------------------------|---|--|
| (Last) (First) (Middle) C/O ALEXION PHARMACUETICALS, INC. 352 KNOTTER DRIVE | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/27/2011 | | C | |
| (Street) CHESHIRE (City) | CT (State) | 06410 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | ridual or Joint/Group Filing Form filed by One Repor Form filed by More than Person | rting Person |

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) | | | | | 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 | | Price | Fransaction(s) (Instr. 3 and 4) | | (|
| Common Stock, par value \$.0001 per share | 01/27/2011 | | S | | 1,731(1) | D | \$84.7 ⁽²⁾ | 74,478 | 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. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exerc Expiration Da (Month/Day/Y | | | | 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 Expiration Exercisable Date | | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. These sales were made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock.

2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$84.70 - \$85.30. 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.

| <u>/s/ Vikas Sinha</u> | |
|---------------------------|----------|
| ** Signature of Reporting | n Person |

01/28/2011

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.