FORM 4

obligations may continue. Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL O | WNERSHIP |
|--|--------------------------------------|----------|
| Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

| OMB APPRO | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
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| 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* O'Neill Julie | | | | | AI | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN] | | | | | | | | (Check | all app Direc | olicable) | Person(s) to Issuer 10% Owner Other (specify | |
|--|--|--|---------------------------------|-----------------|------------------------------|--|---|------------------------|--|---------------|---------------------|---|------------------------|---|---|---|---|--|
| (Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC 100 COLLEGE STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2017 | | | | | | | | X | belov | N) | below al Operations | |
| (Street) NEW HA | AVEN C | Т (| 06510 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | • | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities of Disposed Of (| | | | | d 5) Secur Benef | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (Instr. 4) | | |
| Common Stock, par value \$.0001 per share 02/06/20 | | | | 017 | | | | s 2,795 ⁽¹⁾ | | D | \$125 | .69 ⁽²⁾ | 32,589 | | 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) | Executi hth/Day/Year) if any | tion Date, T | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Secu (Inst | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Number of Shares | | | | | |

Explanation of Responses:

- 1. This sale was made to cover withholding taxes immediately following the vesting of previously granted Performance Stock Units.
- 2. This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$125.00 \$125.99. 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/ Michael Greco, Attorney-in-Fact for Julie O'Neill

** 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.