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 |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
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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* ORLOFF JOHN J | | | | | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS, INC. [ALXN] | | | | | | | | (Chec | k all app Direc | licable) | | rson(s) to Is 10% Ov Other (s | wner | |
|--|--|-------------|--------------------|--------------------------------------|---|--|--------|---|----------------------|-----------------------|--------------------------|--|--|-----------------------|---|---|-------------------------------------|------|---|
| l | (Fir EXION PHA PORT BOU | ARMACEUTIC. | Middle) ALS, II | NC | | 3. Date of Earliest Transaction (Month/Day/Year) 06/08/2021 | | | | | | | X | EVP, | , | & D | below) Developme | ent | |
| (Street) BOSTO | | A 0 | 2210 Zip) | | 4. If A | | | | | | | | | 6. Indi Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3enef | icially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date | | | Execution Date | | Date, | Transaction Disposed Code (Instr. 5) | | 4. Securitie Disposed (5) | es Acqı Of (D) (I | uired (A Instr. 3, | , 4 and Securi Benefi | | ities Fo icially (D d Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | ice | Transa | action(s) 3 and 4) | | | (|
| Common Stock, par value \$.0001 per share | | | | 06/08/ | /08/2021 | | | | F | | 1,957(1) | I |) ! | \$177 | | 86,367 | | 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) | rative Conversion Date rity or Exercise (Month/Day/Year) if any | | | ransaction of Ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | ınt | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Ownership | Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | of Share | | | | | | |

Explanation of Responses:

1. This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.

Remarks:

/s/ Douglas Barry, Attorneyin-Fact for John Orloff

06/09/2021

** 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.