FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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1. Name and Address of Reporting Person* Goff Brian					<u>AI</u>	Susuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS, INC. [ALXN] 3. Date of Earliest Transaction (Month/Day/Year) 06/07/2019									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS, INC. 121 SEAPORT BOULEVARD				06/	A be											Other (specify below) mmercial Officer		
(Street) BOSTON MA 02210 (City) (State) (Zip)				_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	n-Deriv	<i>r</i> ative	Se	curitie	s Acc	quired	, Dis	sposed o	f, or	r Ben	eficia	ally Ow	ned		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		xecution Date, any		Transaction Disposed Code (Instr.		ties Acquired (A) Of (D) (Instr. 3, 4			d 5) Sec Bei Ow	amount of curities neficially ned Following ported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	() ()	A) or D)	Price	Tra	nsaction(s) str. 3 and 4)		(Instr. 4)	
Common Stock, par value \$.0001 per share 06/07/2				/2019	2019			F		1,643(1))	D	\$118	41,776		D		
		Та									osed of, convertib				y Owne	ed		
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. Transaction Code (Instr. 8)				6. Date Exercisable Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ı	8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				,	Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nu of	nount mber ares				

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, Attorney-in-

06/11/2019

Fact for Brian Goff

** 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.