FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box if no longer subject 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

| 1. Name and Address of Reporting Person* MADRI JOSEPH A | | | | <u>A</u> | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC ALXN | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | |
|---|--|---|--|----------------------------|--|----------------------|-----|--|---|--|--|---|--|--|--|
| (Last) (First) (Middle) C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE | | | | 3. 05 | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2011 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6 In | below) | (give title | Other (s below) | |
| (Street) CHESHIRE CT 06410 (City) (State) (Zip) | | | | _ 4. | 4. II Allienument, Date of Original Fried (World Day/Tear) | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | ansactio | Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 3 5) Transaction Disposed Of (D) (Instr. 3 5) Transaction Code (Instr. 8) Transaction Code (Instr. 8) Transaction Code (Instr. 9) Transacti | | | d (A) or | r 5. Amount of Securities Beneficially Owned Following Reported Transportion(s) | | n: Direct I or Indirect I ostr. 4) | 7. Nature of ndirect Beneficial Ownership Instr. 4) | | | |
| | 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 | rcise (Month/Day/Year) if any f ive (Month/Day/Year) ive | | ransaction Code (Instr. | | | | 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) | 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 | | (Instr. 4) | | |
| Option to Purchase Common Stock | \$98.86 | 05/11/2011 | | A | | 2,786 ⁽¹⁾ | | 08/11/2011 | 05/11/2012 | Common Stock, par value \$.0001 per share | 2,786 | \$0 | 2,786 | D | |

Explanation of Responses:

1. These options will vest in four quarterly installments during the one year period commencing on May 11, 2011 and ending on May 11, 2012.

/s/ Joseph Madri

05/13/2011

** 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.