ALEXION PHARMACEUTICALS INC

Form 4/A June 29, 2005

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per

0.5 response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * BOESS CARSTEN			2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O ALEX PHARMAO KNOTTER	CEUTICALS, 35		of Earliest 7 Day/Year) 2005	Fransaction		- - t	Director 10% Owner Officer (give titleX Other (specify below) Former CFO				
CHESHIRI	4. If Amendment, Date Original Filed(Month/Day/Year) 06/29/2005					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	nnsaction Date 2A. Deemed th/Day/Year) Execution Dat any (Month/Day/Y		3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price			(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par value \$.0001 (1)	06/27/2005			M	11,250	A	\$ 23.3936 (2)	11,250	D		
Common Stock, par value \$.0001	06/27/2005			S	3,250	D	\$ 23.27	8,000 (3)	D		
Common Stock, par	06/27/2005			S	3,000	D	\$ 23.4	5,000 (3)	D		

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value \$.0001

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474

(9-02)

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. Transact Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	.	ate	7. Title and Amount of Underlying Securities (Instr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Amor or Title Numb of Share	ber	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BOESS CARSTEN C/O ALEXION PHARMACEUTICALS 352 KNOTTER DR CHESHIRE, CT 06410

Former CFO

Signatures

/s/ Carsten Boess 06/29/2005

**Signature of Date Reporting Person

Explanation of Responses:

- * 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).
- (1) This amended filing is being made to reflect the acquistion of 11,250 shares upon exercise of the options reflected in Table II of the original filing. This transaction line was omitted in the original filing.

(2) Reflects average selling price of securities.

Reporting Owners 2

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(3) This transaction line has been amended solely to reflect the correct amount of securities beneficially owned following the reported transactions.

Remarks:

This amended filing is also being made to check the box stating that the reporting person is no longer subject to Section 16. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.