Hallal David Form 4 February 01, 2010

FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

0.5

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations

may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

response...

burden hours per

See Instruction 1(b).

(Print or Type Responses)

| 1. Name and Ad Hallal David | • | orting Person * | 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 ALEXIO PHARMACE KNOTTER I | EUTICALS | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/28/2010 | Director 10% Owner X Officer (give title Other (specification) below) SVP Commercial Ops, Americas |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check |
| CHESHIRE, CT 06410 | | | Filed(Month/Day/Year) | 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 Ac | quired, Disposed of, or Beneficially Own |

| (City) | (State) | (Zip) | Table I - No | on-Derivative Securities | s Acquired, Disposed | of, or Beneficia | lly Owned |
|------------|---------------|---------------|--------------|--------------------------|----------------------|------------------|-----------|
| 1 Title of | 2 Transaction | Data 24 Daama | nd 2 | 1 Securities | 5 Amount of | 6 Ownarchin | 7 Noturo |

6. Ownership 7. Nature of 1.Title of 2. Transaction Date 2A. Deemed Securities Amount of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) (Instr. 3 and 4) (D) Price Code V Amount

Common Stock, par

value 01/28/2010 A 6,000 (1) A \$ 0 14,012 D

\$.0001 per share

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

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number.

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. Transactic Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed or (D) (Instr. 3, 4, and 5) | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|---|-------------------------------------|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Option to Purchase Common Stock | \$ 45.8 | 01/28/2010 | | A | 50,000 | (2) | 01/28/2020 | Common Stock, par value \$.0001 per share | 50,000 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Hallal David C/O ALEXION PHARMACEUTICALS, INC 352 KNOTTER DRIVE CHESHIRE, CT 06410

SVP Commercial Ops, Americas

Signatures

/s/ David Hallal 02/01/2010

**Signature of Person Date

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) Award of Restricted Stock pursuant to the 2004 Incentive Plan. One half vests two years following the transaction date, and thereafter 1/8th vests every six months.
- (2) 1/16th vests every three months following the transaction date.

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.

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