Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

ALEXION I Form 4 April 30, 20	PHARMACEUTI 15	CALS IN	IC								
April 30, 2013 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Check this box Washington, D.C. 20549 Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or Statement of Company and the securities of the							NERSHIP OF e Act of 1934, 1935 or Sectior	Number: 3235-0287 Number: January 31 Expires: 2005 Estimated average burden hours per response 0.5			
 (Print or Type Responses) 1. Name and Address of Reporting Person <u>*</u> Islam Saqib 			2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) ALEXION PHARMACEUTICALS, INC., 352 KNOTTER DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 04/27/2015					Director 10% Owner Officer (give title Other (specify below) EVP, Chief Strat & Port. Off.			
				mendment, Date Original /onth/Day/Year)				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)	Tabl	le I - Non-I	Derivative	Secur	rities Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ned 1 Date, if	3. Transactio Code (Instr. 8)	4. Securi	ties Ao ispose	cquired d of (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	
Common Stock, par value \$.0001 per share	04/27/2015			S	6,032 (1)	D	\$ 181.57	39,868	D		

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

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 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day. e	ate Exercisable and iration Date nth/Day/Year)		le and int of rlying ities . 3 and 4)	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	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
Islam Saqib ALEXION PHARMACEUTICALS, INC 352 KNOTTER DRIVE CHESHIRE, CT 06410	2.		EVP, Chief Strat & Port. Off.						
Signatures									
/s/ Michael Greco, Attorney-in-Fact	04/30/2015	i							

Date

<u>**</u>Signature of 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 sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.

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.