ALEXION PHARMACEUTICALS INC

Form 4 June 13, 2007

FORM 4

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

OMB Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

3235-0287 January 31, Expires: 2005

OMB APPROVAL

Form 4 or Form 5 obligations

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

burden hours per response... 0.5

Estimated average

may continue. See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * LINK MAX			2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]				_	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year)					X Director 10% Owner Officer (give title Other (specify below)			
C/O ALEX	ION CEUTICALS, INC)6/11/20	007				<i>(</i> ,)	001011)		
KNOTTER		, 33 <u>4</u>									
	(Street)			ndment, Da				6. Individual or Joint/Group Filing(Check			
		F	Filed(Mon	nth/Day/Year	·)			Applicable Line) _X_Form filed by One Reporting Person			
CHESHIRE	E, CT 06410							Form filed by N Person	Nore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Date, if	Code (Instr. 3, 4 and 5)				Securities Ownership II Beneficially Form: Direct II Owned (D) or G Following Indirect (I) (Instr. 4) Transaction(s)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock, par value \$0.0001 per share	06/11/2007			M	2,500	A	\$ 15.58	50,077	D		
Common Stock, par value \$0.0001 per share	06/11/2007			M	2,666	A	\$ 10.74	52,743	D		

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Common Stock, par value \$0.0001 per share	06/11/2007	M	5,000	A	\$ 17.05	57,743	D
Common Stock, par value \$0.0001 per share	06/11/2007	M	7,500	A	\$ 22.21	65,243	D
Common Stock, par value \$0.0001 per share	06/11/2007	M	7,500	A	\$ 19.73	72,743	D
Common Stock, par value \$0.0001 per share	06/11/2007	M	10,000	A	\$ 32.5	82,743	D

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

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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. Transactic Code (Instr. 8)	5. Number of etionDerivative Securities 3) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and 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	\$ 15.58	06/11/2007		M		2,500	12/12/2005	12/12/2012	Common Stock, par value \$0.0001 per share	2,500
Option to purchase	\$ 10.74	06/11/2007		M		2,666	03/04/2007	03/04/2013	Common Stock, par	2,666

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Common Stock							value \$0.0001 per share	
Option to purchase Common Stock	\$ 17.05	06/11/2007	M	5,000	12/16/2006	12/16/2013	Common Stock, par value \$0.0001 per share	5,000
Option to purchase Common Stock	\$ 22.21	06/11/2007	M	7,500	12/10/2005	12/10/2014	Common Stock, par value \$0.0001 per share	7,500
Option to purchase Common Stock	\$ 19.73	06/11/2007	M	7,500	12/09/2006	12/09/2015	Common Stock, par value \$0.0001 per share	7,500
Option to purchase Common Stock	\$ 32.5	06/11/2007	M	10,000	06/07/2007	06/07/2016	Common Stock, par value \$0.0001 per share	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
coporang o mar rame, rame ass	Director	10% Owner	Officer	Other			
LINK MAX C/O ALEXION PHARMACEUTICALS, INC. 352 KNOTTER DRIVE CHESHIRE, CT 06410	X						

Signatures

/s/ Tom Dubin 06/13/2007

**Signature of Pate 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).

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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