Edgar Filing: ALEXION PHARMACEUTICALS INC - Form 4

ALEXION PHARMACEUTICALS INC

Form 4

March 14, 2006

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

5. Relationship of Reporting Person(s) to

Estimated average burden hours per response...

OMB APPROVAL

subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

if no longer

Check this box

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

			Symbol	Symbol					Issuer			
			ALEXION PHARMACEUTICALS INC [ALXN]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)					_X_ Director _X_ Officer (giv	e title Oth	Owner er (specify		
			03/10/2	-				below) below) President & COO				
PHARMACEUTICALS INC, 352				03/13/2000				110	sident & COO			
KNOTTER DRIVE												
	(Street) 4. Ii			endment, Da	te Origina	ıl		6. Individual or Joint/Group Filing(Check				
			Filed(Mor	nth/Day/Year)			Applicable Line)				
								X Form filed by One Reporting Person Form filed by More than One Reporting				
CHESHIRE, CT 06410								Person				
(City)	(State)	(Zip)	Tabl	le I - Non-I)erivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	le of 2. Transaction Date 2A. Deemed				•				*	7. Nature of		
Security (Instr. 3)	(Month/Day/Year) Execution any	on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
(111341. 3)		•	Day/Year)	(Instr. 8)			3)	Owned	Indirect (I)	Ownership		
								Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				C-1- V	A	or	D	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Stock, par									_			
value	03/10/2006			M	3,005	A	\$ 10	94,014	D			
\$.0001												
Common												
Stock, par							\$					
value	03/10/2006			S	3,005	D	38.35	91,009	D			
\$.0001												

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

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President & COO

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. Transacti Code (Instr. 8)	5. Number on f Derivative Securities 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, par value \$.0001	\$ 10	03/10/2006		М	3,005	05/17/1999	05/17/2006	Common Stock, par value \$.0001	3,005

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

KEISER DAVID W
C/O ALEXION PHARMACEUTICALS INC

352 KNOTTER DRIVE X

Signatures

CHESHIRE, CT 06410

/s/ David W. Keiser 03/14/2006

**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).

Remarks:

The sales reported by this Form 4 are made pursuant to the terms of a Sales Plan designed to meet the requirements of Rule 10

Reporting Owners 2

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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.