## Edgar Filing: DUBIN THOMAS I H - Form 4

| DUBIN THO  | OMAS I H   |   |  |             |                            |                  |                          |  |  |   |  |
|--|--|---|--|-------------|----------------------------|------------------|--------------------------|--|--|---|--|
| Form 4   |  |   |  |             |                            |                  |                          |  |  |   |  |
| September 1  |  |   |  |             |                            |                  |                          |  |  |   |  |
| FORM   |  |   |  |             | NGE C                      | COMMISSION       | OMB AF<br>OMB<br>Number: | PROVAL<br>3235-0287  |  |   |  |
| Check th<br>if no long<br>subject to<br>Section 1<br>Form 4 o<br>Form 5<br>obligatio<br>may cont<br><i>See</i> Instru<br>1(b). | ger<br>5<br>16.<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5 | Washington, D.C. 20549<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |  |             |                            |                  |                          |  |  | Expires:January 31,<br>2005Estimated average<br>burden hours per<br>response0.5 |  |
| (Print or Type I   | Responses)   |   |  |             |                            |                  |                          |  |  |   |  |
| 1. Name and Address of Reporting Person <u>*</u><br>DUBIN THOMAS I H   |  |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>ALEXION PHARMACEUTICALS<br>INC [ALXN] |             |                            |                  |                          | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)  |  |   |  |
| (Last)<br>C/O ALEXI<br>PHARMAC<br>KNOTTER  | CEUTICALS IN   | (Middle)<br>C, 352  | 3. Date of<br>(Month/D<br>09/10/20   | -           | ansaction                  |                  |                          | Director<br>X Officer (give<br>below)<br>SVP &   |  | o Owner<br>er (specify<br>sel   |  |
| CHESHIRE   | (Street)<br>E, CT 06410  | Filed(Mont  |  |             |                            | 1                |                          | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person |  |   |  |
| (City)   | (State)  | (Zip)   | Tabl   | e I - Non-D | erivative                  | Secur            | ities Aca                | uired, Disposed of   | . or Beneficial  | lv Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Da<br>(Month/Day/Year   | r) Execution<br>any   | med  | 3.          | 4. Securi                  | ties A<br>ispose | cquired<br>d of (D)      | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of  |  |
| Common<br>Stock, par<br>value<br>\$.0001 per<br>share  | 09/10/2007   |   |  | Code V      | Amount<br>514 ( <u>1</u> ) | or<br>(D)<br>D   | Price<br>\$<br>65.31     | (Instr. 3 and 4)   | D  |   |  |

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) |  | Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owna<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|--|--------------------|---|--|--------------------------------------|--|
| Repo  | rting O   | wners                                   |   | Code V                                 | (A) (D)   | Date<br>Exercisable  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |                                      |  |

| <b>Reporting Owner Name / Address</b>   |               | Relationships |           |                       |       |  |  |  |
|---|---------------|---------------|-----------|-----------------------|-------|--|--|--|
|   |               |               | 10% Owner | Officer               | Other |  |  |  |
| DUBIN THOMAS I H<br>C/O ALEXION PHARMA<br>352 KNOTTER DRIVE<br>CHESHIRE, CT 06410 | CEUTICALS INC |               |           | SVP & General Counsel |       |  |  |  |
| Signatures  |               |               |           |                       |       |  |  |  |
| /s/ Thomas<br>Dubin   | 09/12/2007    |               |           |                       |       |  |  |  |

<u>\*\*</u>Signature of Reporting 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).
- This sale was made pursuant to a plan designed to comply with Rule 10b5-1. The sale was in an amount necessary to satisfy tax
  (1) withholding obligations incurred on the day prior to a sale due to vesting of previously granted Restricted Stock. Sales were made at prices between \$65.18 and \$65.43.

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.