

ALEXION PHARMACEUTICALS INC
 Form 4
 May 15, 2008

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
MATHIS LARRY

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)

3. Date of Earliest Transaction (Month/Day/Year)
05/14/2008

Director 10% Owner
 Officer (give title below) Other (specify below)

352 KNOTTER DR, C/O ALEXION PHARMACEUTICALS INC

(Street)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)

Form filed by One Reporting Person
 Form filed by More than One Reporting Person

CHESHIRE, CT 06410

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
				(A) or (D) Code V Amount (D) Price			
Common Stock, par value \$.0001 per share	05/14/2008		S	63 D \$ 70.98	6,937	D	
Common Stock, par value \$.0001 per share	05/14/2008		S	600 D \$ 70.98	6,337	D	
	05/14/2008		S	137 D	6,200	D	

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Common Stock, par value \$.0001 per share					\$			
					71.01			
Common Stock, par value \$.0001 per share	05/14/2008	S	100	D	\$	6,100		D
					71.01			
Common Stock, par value \$.0001 per share	05/14/2008	S	100	D	\$	6,000		D
					71.02			
Common Stock, par value \$.0001 per share	05/14/2008	S	100	D	\$	5,900		D
					71.02			
Common Stock, par value \$.0001 per share	05/14/2008	S	100	D	\$	5,800		D
					70.99			
Common Stock, par value \$.0001 per share	05/14/2008	S	100	D	\$	5,700		D
					71.02			
Common Stock, par value \$.0001 per share	05/14/2008	S	100	D	\$	5,600		D
					71			
Common Stock, par value \$.0001 per share	05/14/2008	S	100	D	\$	5,500		D
					71.02			
Common Stock, par value \$.0001 per share	05/14/2008	S	100	D	\$	5,400		D
					71.04			
	05/14/2008	S	100	D		5,300		D

Common Stock, par value \$.0001 per share						\$ 71.04		
Common Stock, par value \$.0001 per share	05/14/2008	S	200	D		\$ 71.04	5,100	D
Common Stock, par value \$.0001 per share	05/14/2008	S	100	D		\$ 71.05	5,000	D

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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(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. Transaction Code (Instr. 8)	5. Number of 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)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repor Trans (Instr
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						Date Exercisable	Expiration Date	Title	Amount or Number of Shares
				Code	V (A) (D)				

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MATHIS LARRY 352 KNOTTER DR C/O ALEXION PHARMACEUTICALS INC CHESHIRE, CT 06410	X			

Signatures

/s/ Larry Mathis

05/15/2008

**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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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