### ALEXION PHARMACEUTICALS INC

Form 4

share

November 17, 2006

November 1	_							OMB AT			
FORM	ORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PPROVAL 3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  Washington, D.C. 20549  Number:  Expires:  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  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 I	Responses)										
1. Name and A BELL LEO	ddress of Reporting l	Syn AL	Issuer Name <b>and</b> abol  EXION PHA  [ALXN]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last)  C/O ALEXI PHARMAC KNOTTER	ON EUTICALS INC	(Mo 11/	eate of Earliest T onth/Day/Year) 14/2006	ransaction			_X Director 10% OwnerX Officer (give title Other (specify below) Chief Executive Officer				
CHESHIRE	(Street)		Amendment, Dd(Month/Day/Yea	_	I		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)	Table I - Non-l	<b>Derivative</b>	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)							5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, par value \$.0001 per share	11/14/2006		Code V	Amount 30,000	or (D)	Price \$ 10.38	(Instr. 3 and 4) 400,674	D			
Common Stock, par value \$.0001 per	11/14/2006		S	16,296	D	\$ 42.25	384,378	D			

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Common Stock, par value \$.0001 per share	11/14/2006	S	600	D	\$ 42.26	383,778	D
Common Stock, par value \$.0001 per share	11/14/2006	S	100	D	\$ 42.27	383,678	D
Common Stock, par value \$.0001 per share	11/14/2006	S	600	D	\$ 42.28	383,078	D
Common Stock, par value \$.0001 per share	11/14/2006	S	100	D	\$ 42.33	382,978	D
Common Stock, par value \$.0001 per share	11/14/2006	S	300	D	\$ 42.34	382,678	D
Common Stock, par value \$.0001 per share	11/14/2006	S	550	D	\$ 42.39	382,128	D
Common Stock, par value \$.0001 per share	11/14/2006	S	304	D	\$ 42.38	381,824	D
Common Stock, par value \$.0001 per share	11/14/2006	S	500	D	\$ 42.39	381,324	D

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

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(9-02)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	orDeri Secu Acq or D (D)	nrities uired (A) isposed of r. 3, 4,	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	\$ 10.38	11/14/2006		M		30,000	04/01/2001	04/01/2007	Common Stock, par value \$.0001 per share	30,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

BELL LEONARD C/O ALEXION PHARMACEUTICALS INC 352 KNOTTER DRIVE CHESHIRE, CT 06410

X Chief Executive Officer

## **Signatures**

Reporting Person

/s/ Dr. Leonard
Bell 11/17/2006

\*\*Signature of 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).
- (1) The sales reported by this Form 4 are made pursuant to the terms of a Sales Plan designed to meet the requirements of Rule 10b5-1 (c) (1) of the Securities Exchange Act.

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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