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Sinha Vikas Form 4											
January 12, 2	2010										
FORM	14						NCE			PROVAL	
	UNITE) STATES		shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Eiled pursuant to 9				SECUR	RITIES			Expires: January 3 20 Estimated average burden hours per response			
Form 5 obligations may continue. See Instruction 1(b). 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 Sect 30(h) of the Investment Company Act of 1940						f 1935 or Section	n				
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> Sinha Vikas			2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS INC [ALXN]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O ALEX PHARMAC KNOTTER	CUETICALS, I	(Middle) NC., 352	3. Date of (Month/D 01/11/2	-	ransaction			Director X Officer (give below) S		Owner er (specify	
				nendment, Date Original Ionth/Day/Year)				 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)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D		med 3.		4. Securities Acquired ion(A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			5. Amount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock, par value \$.0001 per share	01/11/2010			Code V	Amount 2,861 (1)	or (D) D	Price \$ 47.68 (2)	(Instr. 3 and 4) 46,846	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 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
F	Director	10% Owner	Officer	Other		
Sinha Vikas C/O ALEXION PHARMACUETICALS, INC. 352 KNOTTER DRIVE CHESHIRE, CT 06410			SVP & CFO			
Signatures						

/s/ Vikas Sinha 01/12/2010 <u>**</u>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).
- (1) These sales were made to cover the withholding taxes immediately following the vesting of previously granted Restricted Stock.
- This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$47.47 \$47.89. The price reported in this
- (2) column reflects the weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of shares sold at each price.

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.