## Edgar Filing: PARVEN ALVIN S - Form 4

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Form 4											
February 23, FORN Check th if no long subject to Section 1 Form 4 co Form 5 obligatio	Was F CHAN Section 1	GES IN GES IN SECUR	D.C. 20 BENEF ITIES e Securit	549 ICIA ties E	COMMISSION NERSHIP OF e Act of 1934,	OMB Number: Expires: Estimated a burden hou response					
may cont See Instr 1(b).	tinue. Section 1		of the In	•	•	· ·		f 1935 or Section 40	n		
(Print or Type ]	Responses)										
1. Name and Address of Reporting Person <u>*</u> PARVEN ALVIN S			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) C/O ALEXION PHARMACEUTICALS INC, 352 KNOTTER DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 02/21/2012					Officer (give title 10% Owner Officer (give title Other (specify below) below)			
				ndment, Da hth/Day/Year	-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)	Tabl	a I. Nam D	· · · · · · · · · · · · · · · · · · ·	<b>C</b>	•••••••	Person	Dau affaial	ha Orana d	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	ate 2A. Dee r) Executio any	med	3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or D (Instr. 3,	ties A ispose	cquired d of (D)	<b>uired, Disposed of</b> 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	
Common Stock, par value \$.0001 per share	02/21/2012			S	5,450	D	\$ 81.51 (1)	7,311	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control

(9-02)

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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. 5. TransactionNumber Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
R	Reporting Own	ner Name / Address	<b>Relationships</b> 10% Owner Officer Other								
	I ALVIN S XION PHA	RMACEUTICAL	Director			2					

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

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# Signatures

/s/ Alvin Parven 02/23/2012 <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).

This transaction was executed in multiple trades through a broker-dealer at prices ranging from \$81.48 - \$81.56. The price reported in this

(1) 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.