Edgar Filing: Rummelt Andreas - Form 4

| Form 4 | ndreas | | | | | | | | | | |
|--|---|-------------|--|--|--------------|------------------|--|---|---|-----------|--|
| June 08, 201 | | | | | | | | | 0.45.45 | | |
| FORM | 4 UNITE | O STATES | S SECUI | RITIES A | ND EX | CHA | NGE C | OMMISSION | OMB AF | PROVAL | |
| Check th | uis box | | Wa | shington, | D.C. 20 | 549 | | | Number: | 3235-0287 | |
| if no lon | F CHAN | IGES IN | BENEFI | CIA | LOWN | VERSHIP OF | Expires: | January 31, 2005 | | | |
| subject to Section 1 Form 4 c | F CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES | | | | | | Estimated a burden hour response | • | | | |
| Form 5 obligatio may con <i>See</i> Instr 1(b). | $\frac{1}{1}$ section 1 | 7(a) of the | Public U | | ding Con | npany | Act of | e Act of 1934, 1935 or Sectior 0 | 1 | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Rummelt Andreas | | | 2. Issuer Name and Ticker or Trading Symbol ALEXION PHARMACEUTICALS | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | INC [A | - | | | | | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | X_Director10% Owner Officer (give titleOther (specify below) below) | | | |
| C/O ALEX PHARMAC KNOTTER | CEUTICALS, II | NC., 352 | 06/07/2 | 012 | | | | | | | |
| | (Street) 4. Fr | | | | ate Original | l | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| CHESHIRE | E, CT 06410 | | | | | | | Form filed by M Form filed by M | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-E | Derivative | Securi | ties Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deer Executio any (Month/I | | | | n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) | | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| - | | | | Code V | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | | |
| Common Stock, par value \$.0001 per share | 06/07/2012 | | | S | 10,000 | D | \$ 91.29 (1) | 20,315 | 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) | or Exercise an | | Execution Date, if Transaction ny Code (Month/Day/Year) (Instr. 8) 1 (1) (1) (1) (1) (1) (1) (1) (1 | | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration D (Month/Day/ e | ion Date | | le and unt of rlying rities (. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
|--|---|----------------|-------|--|--------|---|----------------------------------|--------------------|-------|---|---|---|
| | Repor | rting O | wners | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Reporting Owner Name / Address Director 10% Owner Officer Other | | | | | | | | | | | | |

Rummelt Andreas C/O ALEXION PHARMACEUTICALS, INC. **352 KNOTTER DRIVE** CHESHIRE, CT 06410

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Signatures

/s/ Andreas 06/08/2012 Rummelt **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 \$91.00 - \$91.69. 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.