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BELL LEON Form 4	NARD										
January 30, 2	2013										
FORM	14 UNITED) статес	SECUE	TTIES A	ND FY	<u>~</u> Цл	NCEC	OMMISSION		PPROVAL	
UNITED STATES SECU				RITIES AND EXCHANGE CON shington, D.C. 20549					OMB Number:	3235-0287	
Check this box if no longer subject to STATEMENT OF C				GES IN 1	BENEF	NERSHIP OF	Expires: Estimated a	January 31, 2005 average			
Section 1 Form 4 o Form 5 obligation may cont See Instru 1(b).	r Filed pu ns Section 17	7(a) of the	Public Ut		e Securit ling Con	npany	y Act of	e Act of 1934, 1935 or Sectior 0	burden hou response		
(Print or Type I	Responses)										
BELL LEONARD Symbol ALEXI			Symbol	r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			ALEXION PHARMACEUTICALS INC [ALXN]					(Check all applicable)			
C/O ALEXION (Month/ 01/28/2				e of Earliest Transaction h/Day/Year) h/2013				X Director X Officer (give below)		Owner er (specify	
PHARMAC KNOTTER	EUTICALS IN DRIVE	C, 352									
(Street) 4. If Amer				ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CHESHIRE	, CT 06410							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		on Date, if	Code (Instr. 3, 4 and 5)				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)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock, par value \$.0001 per share	01/28/2013			S	2,560 (1)	D	\$ 94.5	1,536,607	D		
Common Stock, par value \$.0001 per share	01/29/2013			S	2,682 (1)	D	\$ 94.32	1,533,925	D		

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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.

 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
BELL LEONARD C/O ALEXION PHARMACEUTICALS I 352 KNOTTER DRIVE CHESHIRE, CT 06410	NC X		CEO				
Signatures							
/s/ Leonard Bell 01/30/2013							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) This sale was made to cover withholding taxes immediately following the vesting of previously granted Restricted Stock Units.

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.

**Signature of

Reporting Person